8-51

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12059 CERTIFICATE OF DEATH

og Diet No 223

12060

1,000		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTGOMERY MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		
	CITY (If outside corporate limits, write RURAL a	nd give nearest town)
HOSPITAL OR PARK INC.	STREET (If rural, give location	A-1-11
-INSTITUTION OR , ;	STREET ADDRESS (If rural, give location	of and
STREET ADDRESS Wash. San, turium and Hospital	11 2307 Huldekoper	9. n.w. V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (De	ay) (Year)
(Type or Print) Francis Ad	amski dr. DEATH: 12 2	5 19 55
	OF BIRTH: 9. AGE last birthday: IF UNDER	
m Wh. (Specify): Married Supp	416. 1884 71 vrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b, KIND OF BUSINESS/O		12. CITIZEN OF WHA
work done during most of working life, INDUSTRY:		COUNTRY?
3. FATHER'S NAME: PARMACICH - Ketired	14. MOTHER'S MAIDEN NAME:	whencan
1 . 11 /	1 11	
Lawerence Holamski	anna nimek	· Advanti
Yes, no, or unk.) (If Yes, give wer or dates of	. INFORMANT & ADDRESS: Smr Fran	CIS HOUMSNI
tho service)	ospital Records and \$ 10405 Tr	yckston Rd
18. MEDICAL	CERTIFICATION	syatts Jille (110
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	1 4 1	ONSET AND DEATH
Harris Couragne &	Least tailer, acute	
Immediate cause (a)		434445444444444444444444444444444444444
Antecedent cause(s)	ent discora. Summe	
Diseases or conditions, if any, giving rise to the above cause DUE TO	TOTAL MARINE MARINE MATERIAL MARINE M	
atating underlying cause last	,	
II. OTHER SIGNIFICANT CONDITIONS:		
Conditions contributing to the death but not	2. 12.	
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	writ-	1 20. AUTOPSY?
21		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		, , , , , , , , , , , , , , , , , , , ,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY M. While at Not while work	4	
22. I hereby certify that I attended the deceased from	J 19 J to De W19 that I last	appropriate descripted
22. I nereby territy that I attended the deceased from	, 19. J., to	
alive on Dev 75, 19 , and that death occurred at SIGNATURE (DEGREE OR TITL	m., from the causes and on the da	DATE SICNED
The her t theyer has	183V EYEST. WW	16 tr 1261
23. MORIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	county) (State)
23. MORIAN, CREMATION DETE THEREOF NAME OF CENETES	1. tan. 1/2 97	es to Ind
DATE REC'D BY/LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1996 3 61/955 X 100 1 100 11	Settituines Con Tell	III DO

DECEDAED

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12061

12101	CERTIFICA	TE (OF	DEA	TH
	/ Con Ton	1 2	USU	AL RESI	DENCE

Reg.	Dist.	No.	216
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1. PLACE OF DEATH: -CILICAL CENTER	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montsoners MARYLAND	STATE KOLTICKA COUNTY Drift
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town
TOWN BeThesda B mus	TOWN
HOSPITAL OR CITALEL CARTE	STREET (If rural give location) ADDRESS
STREET ADDRESS NATIONAL INSTITUTE HE	4/3.
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Denver (none)	Amburg DEATH: Dec 17 19 55
S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED, (Specify): MARRIE	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
work done during most of working life, even if retired):	Ken Tucken USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rubin Amburger	Minnie Adams
. WAS DECEASED EVER IN U.S. ARMED FORCEST S. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: KanTuel
(Yes, no, or unk.) (If Yes, give war or dates 403-05-1990)	Mrs. Ona Amburgey Drift. A
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
IMMEDIATE CAUSE (A) SubacuT	· Crytocorcus Endocarditio Mos
DUE TO	/
ANTECEDENT CAUSE (6)	atic Heart Descine Years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	alle Mari Distant John.
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
2 None	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
22. I hereby certify that I attended the deceased from 5.97	2 . 1953, to Dec. 17 . 19 SS that I last saw the decease
alive on Des 17 1955, and that death occurred at	7 41
2 =1 117- /1 = 66	D. Betherda 141 12/18/55
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State
Manail - Busin 12-18-1955	Martin Kentucky

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PLEASE TYPE

DATE REC'D BY LOCAL REGISTRAR

BUREAU V. S.

DEC SA 1922

Φ.	MARILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	7 - 777 -
/ The	12070 CERTIFICATE OF DEATH Reg. Dist.	. No. 22
fells	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASES):
nformation careful clearly and legibly	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL a	nd give nearest town
ation	OR and give mearest (tolvin) OR TOWN	7/7
form	STREET ADDRESS VOS 1. SANITARIEM & HOSPILO ADDRESS	12.
em of in death c	S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I DECEASED: (Type or Print) (Type or Print	Day) (Year) 19 55
# # # #	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	PEAR IF UNDER 24 HRS
every	work done during most of working life, even if retired): 10A. USUAL OCCUPATION (Give kind of the life, work done during most of working life, even if retired): 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
K. Supply write the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Daniel M. Carrell Lydia P. T.	
H. W.	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give wer or dates of service)	
NG IN	18. MEDICAL CERTIFICATION	INTERVAL BETWEE
. 5	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Junious Premius	10 days
UNFAI sicians:	ANTECEDENT CAUSE (S) DUE TO A LT. DI + +	1/1
TTH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OPMOUNT OF OPMOUNT OF OF OF OF OF OF OF OF OF O	19 6 WRL
4 ===	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	•
AL.	DISEASE OR CONDITION CAUSING DEATH.	
3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 11-23-55 Obstruction of Signisia Colon	20. AUTOPSY?
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Count OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bids, etc. INJURY OCCUR?	ty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
\(\bar{Q}\)	22. I hereby certify that I attended the deceased from Mov. 22, 1955, to Nec. 31, 1955, that I last	saw the decease
SE TYPE	alive on Alc. 31, 1955, and that death occurred at 11:45 P.M. from the causes and on the date signature	stated above.
	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	county) (State
PLEASE	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Burial-transit Jan. 1/56 Greensburg Cemetery, Greensburg, Summit Co	
PL	DATE REC'D BY LOCAL REGISTRATES SIGNATURE 124. FUNERAL DIRECTOR SILVER	ADDRESS

BUREAU V. S.

DECENTED AL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1

COUNTY MOR TO A MARYLAND CITY (If outside corporate limits, write RURAL and give nearest tow OR and	1. PLACE OF DEATH: 2. USUAL RESIDE	ENCE (HOME) OF DECEASED:
CITY III outside completate limits, write RURAL AND CONTROL OF STAY ON O	Manta amoral Manta amoral	COUNTY
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SEX: SCOLOR RT 7. SINCILE MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday I runcer year in the process of the p		
EMBLE RACE (STOCKED) DIVORCED. May 11, 86 3 72 yrs. Months Days Hours Min was done with gride of contribution of the contribut	(Type or Print) EMMA EMELLA AYNOLA	DEATH: UEC JI 1933
work done during most of working life over if rectived: USENITED OR INDUSTRY: CRYMANY COUNTRY!	emale white Specify: DIVORCED. May 11, 1863	A Months Days Hours Min.
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DAVID MATKE WAS DECRASED EVER IN U.S. ARMED FORCESI 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: END ATTEMATE - CAUGHTE INTERVAL BETWEE ONSET AND DEATH INTE	even it retired): Housewite	
INTERVAL BETWEE IDEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DUE TO UNIVERSES OR CONDITIONS, IF ANY. SIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) (C) (C) (C) (C) (C) (C) (C	David Matzke Caro	line?
INMEDIATE CAUSE ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY. SIVING RISE TO THE ABOVE CAUSE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C) COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C) COTHER SIGNIFICANT CONDITION CAUSING DEATH. (C) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C) A ACCIDENT WAS UNDERLYING (A) (C) COTHER SIGNIFICANT CONDITION CAUSING DEATH. (C) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C) (C) (C) (C) (C) (C) (C) (C		A n T
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DUE TO DISEASES OR CONDITIONS, IF ANY, INVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH, IA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. INJURY OCCUR? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF INJURY street, office bldg., etc. INJURY OCCUR? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF INJURY street, office bldg., etc. INJURY OCCUR? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF INJURY STREET, OFFI OF INJURY OCCUR? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF INJURY STREET, OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	of service)	allimare + adughter
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ANTECEDENT CAUSE (\$) DUE TO DISEASES OR CONDITIONS, IF ANY. DIVING RISE TO THE ABOVE CAUSE ETATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH. A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER; D. TIME (Month) (Day) (Year) (Hour) While at work at work at work A. I attended the deceased from A. I attended the deceased fro	6 00	110-
DISEASES OR CONDITIONS, IF ANY. SIVING RISE TO THE ABOVE CAUSE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO R. CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc. OF INJURY Street, office bidg., etc. INJURY OCCUR? FINJURY M. D. MAJOR FINDINGS OF OPERATION (County) (State) (County) (State) OF INJURY OCCUR? FINJURY M. D. MAJOR FINDING OCCURRED ADDRESS DATE STATEO M. D. MAJOR FINDINGS OF OPERATION (County) (State) OF INJURY OCCUR? While Not while at work at w		
COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO R CONTRIBUTING CAUSE OF DEATH R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) 10. TIME (Month) (Day) (Year) (Hour) While at work at work 21. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from 23. BURIAL, CREMATION, DATE THEREOF ADDRESS M. D. ADDRESS M. D. ADDRESS M. D. ADDRESS M. D. ADDRESS ADDRES	DUE TO	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 1A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 216 INJURY OCCURRED While Not while at work at w	ANTECEDENT CAUSE (\$)	yaan
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 92. AUTOPSY? YES NO 198. MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 109. MAJOR FIN	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO	year
20. AUTOPSY? YES NO [P. A. ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factory. R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 10 10 10 10 10 10 10 1	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	years
ADDRESS DATE SIGNED ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bidg., etc. INJURY OCCUR? INJURY OCCUR? While 21f. How DID INJURY OCCUR? While 21f. H	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	years there is a second
2. I hereby certify that I attended the deceased from the course and on the date stated above. ADDRESS BURIAL, CREMATION, REGISTRAR'S SIGNATURE 21E INJURY OCCURRED While at work 21F. How DID INJURY OCCUR? While Not while at work 21F. How DID INJURY OCCUR? While Not while at work 21F. How DID INJURY OCCUR? While Not while at work 21F. How DID INJURY OCCUR? While Not while at work 21F. How DID INJURY OCCUR? While Not while 21F. How DID INJURY OCCUR? While Not while 21F. How DID INJURY OCCUR? M. D. Sthat I last saw the decease and on the date stated above. ADDRESS M. D. STATE STATED AME OF CEMETERY OF TREMATORY LOCATION (City, toyn, or county) (Stated County) PANDIAL FURIAL REGISTRAR'S SIGNATURE 24FUNERAL DIRECTOR ADDRESS	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	typoid years
While at work at work 195 that I last saw the deceased from the course and on the date stated above. 2. I hereby certify that I attended the deceased from the course and on the date stated above. 3. BURIAL CREMATION, DATE THEREOF, MANE OF CEMETERKION CHAMMATORY LOCATION (City, toyn, or county) AMENOVAL (SPECIFY) PANOVAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, DIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
22. I hereby certify that I attended the deceased from 1957, to 1957, to 1957, that I last saw the deceased above. ADDRESS M. D. 2607 BURIAL, CREMATION, DATE TORREOF, MAME OF CEMETERS OF CHEMETERS	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION (IA. ACCIDENT WAS UNDERLYING OF OPERATION OF INJURY street, office bidg., etc. INJURY OCCUPATION)	PID (City or town) (County) (State)
affice of 31	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, 1arm, 1actory, 21C. WHERE DEATH OF INJURY STREET, office bldg., etc. INJURY OCCUIRED INDINGS OF OPERATION OF INJURY STREET, office bldg., etc. INJURY OCCUIRED INDINGS OF OPERATION OF INJURY OCCUIRED STATEMENT OF INJURY OCCU	YES NO NO NO (County) (State)
ADDRESS DATE SKEED M.D. 260 Aulian Date Skeed M.D. 260 A	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 218. ACCIDENT WAS UNDERLYING POR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc. 199. While ST. INJURY OCCURRED 216. INJURY OCCURRED 217. HOW DID INJURY While St. WORK 198. WORK 198. WAS UNDERLYING ST. INJURY OCCURRED 218. PLACE (Home, farm, factory) 198. INJURY OCCURRED 219. INJURY OCCURRED 216. INJURY OCCURRED 217. HOW DID INJURY 198. While St. WORK 198. WAS UNDERLYING ST. INJURY OCCURRED 218. INJURY OCCURRED 219. INJURY 210. While St. WORK 217. HOW DID INJURY 218. INJURY OCCURRED 219. Not while St. WORK 217. HOW DID INJURY 218. INJURY 218. INJURY 218. INJURY 219. INJURY 219. INJURY 219. INJURY 210. WHERE DEATH 210. INJURY 217. HOW DID INJURY 218. INJURY 218. INJURY 219. INJURY 210. WHERE DEATH 219. INJURY	VES NO DID (City or town) (County) (State) NJURY OCCUR?
ATT RECORD BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, 21c. WHERE DEATH CAUSEN, NOTIFY MEDICAL EXAMINER) 21B. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRED While St work St work 19 Medical Examiner) 22C. I hereby certify that I attended the deceased from 19 Medical Examiner)	VES NO NO NO (County) (County) (State) NJURY OCCUR? That I last saw the decease
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF ROONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. 19JURY OCCURRED OF INJURY 21b. TIME (Month) (Day) (Year) (Hour) 21c. WHERE D OF INJURY Street, office bidg., etc. 1NJURY OCCURRED While at work 21c. I hereby certify that I attended the deceased from 21d. And that death occurred at M, from the street of the street	NOUD (City or town) (County) (State) NJURY OCCUR? That I last saw the deceased the opuses and on the date stated above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While St work 21c INJURY OCCURRED While St work 21c INJURY M. 21d INJURY M. ADDRESS M. D. ADDRESS M. D. ADDRESS	NO DID (City or town) (County) (State) NJURY OCCUR? That I last saw the deceased the courses and on the date stated above. DATE STOKED
	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc. 1NJURY OCCURRED While Not while St work at work at work ADDRESS 22. I hereby certify that I attended the deceased from M. 23. BURIAL, CREMATION, DATE THEREOF MAME OF CEMETERY OF THEMSELED.	NJURY OCCUR? Sthat I last saw the deceased the occuses and on the date stated above. DATE STORED LOCATION, (City, toym, or county) (State) (State) (State)
	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21c. WHERE DOES NOT THE CONTRIBUTING OF INJURY Street, office bidg., etc. 19d. TIME (Month) 19d. (Hour) 19d. Not while st work at work of the contribution of the	NJURY OCCUR? State No (State) (State)



BUREAU V. S.

11	=44	Item 18 Film G190 12-15-55 aug	12007
Man	H	CERTIFICATI	E OF DEATH Reg. Dist. No. 215
-	ully ly	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
1	carefull legibly.	COUNTY Montgomery MARYLAND	STATE D. C. COUNTY
	can	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
N	tion	OR and give nearest town) TOWN Bethesda Rural (in this place) One month	TOWN Washington 47x 3
	nati ly a	HOSPITAL OR	STREET (If rural give location)
	nforma	5/ STREET ADDRESS U. S. Naval Hospital	ADDRESS
	inf	S. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	m of i	DECEASED: (Type or Print) Daniel (n) ARU	NDELL, Jr. OF DEATH December 3 19 55
	ite of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	March 1913 42 yrs. Months Days Hours Min.
20	causes	work done during most of working life, even if retired): U. S. Navy Government	New York (State or foreign country): 112. CITIZEN OF WHAT COUNTRY?
	pply the	19. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
BINDIN	Supply te the c	Daniel Arundell	Elizabeth Grunewald
FOR B	IK.	(Yes, no, or unk.) (If Yes, give war or dates of service) 1942-1955 Unknown	Mary M. Arundell, 8801 Plymouth Street, Silver Spring, Maryland
ARGIN RESERVED	WITH UNFADING IN	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 193 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) (C)	Respiratory Failure maf Klemorrhage ma - Astrocytoma, third ventricle, brain
MA	Pro-	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
		19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	WRITE PL especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1) Either, notify medical examiner)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
	Se OI	22. I hereby certify that I attended the deceased from 3. De-	c , 1955, to 3 Dec , 1955, that I last saw the deceased
- 10 - 53	TYP	SIGNATURE (./). To seeme diffy	15: 13PM, from the causes and on the date stated above. ADDRESS OBDITAL NIME, Bethesda Maryland ERY OR CREMATORY LOCATION (City, town, or county) (State)
A15 -	PLEASE		National Cemetery Arlington, Virginia
VS.	PI	PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 4 Dec 1955 Mary 6. Janelle	24. FA. Pumphrey Funeral Home Abbress 7557 Wisconsin Ave., Bethesda, Md.

(4

Equation (1991) to be the first that the second representation of the second BUREAU V. S. 3561 8 DEC

11. W. Washington

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EASE

SIGNATURE

LECATION (City, town, or county) NAME OF CEMETERY OR CREMATORY CREMATION. DATE THEREOF Fulton County, Georgia Westview Cemeterv DIRECTOR SIGNATURE DATE REC'D BY/LOCA 8434 Ga. Silver Spring,

ADDRESS

REGISTIPAR'S SIGNATURE

(Day)

Days

(Year)

19. 5

WHAT

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO

ADDRESS

As a bove

24. FUNERAL DIRECTOR

Robert A. Hare, M.D.

(State)

COUNTRY?

Cremation

MATE REC'D BY LOCAL



A15-

maryland state department of health—baltimore, 18 12068

	12105 CERTIFICATE OF DEATH Reg. Dist. No. 226
2	COUNTY MONIAUMENTAND STATE MA COUNTY
-	CITY (If outside corporate limits, write RURAL and give nearest town) OR and give parent town) TOWN CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CITY (If outside corporate limits, write RURAL and give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS JUNIONAN HOSPITAL STREET ADDRESS JUNION HOSPITAL STR
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) JA MAY 2:Adle DEATH: Dec. of 1955
	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8 DATE OF BIRTH. 9. AGE last birthday if under 1 year if under 14 Mrs. WIDOWED. DIVORCED. MALL HOURS Min. (Specify) dowed MALL 1885 70 yrs. Months Days Hours Min.
and and also	work done during most of working life. even if retired) HOUSE Will Dome 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? LOWA 12. CITIZEN OF WHAT COUNTRY?
	John Milsted TAChel McCONNOIL
2	15. WAR DECEARED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes/no. or unk.) (If Yes, give war or dates of service) Yes-Unknown Nrs. Jauid H. Man 4 - Let Resda. M
F	18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE (\$) (A) ANTECEDENT CAUSE (\$) (A) ANTECEDENT CAUSE (\$)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Steusers Of Company of Francisco DUE TO
	(c) ruffalluntion, stor about house
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Selver Arthur Sissand 3 yrs
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 12.26.55 Nherrotic tracular, tracklestary YES NO []
	21A ACCIDENT WAS UNDERLYING 21B PLACE (Hume, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?
2	21b. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work
0	22. I hereby certify that I attended the deceased from 6, 1953, to /2.26, 195., that I last saw the deceased
	alive on 1.2. 2.6., 19), and that death occurred at 468 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED
4400	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
	Burial-transit 12-2y-55 Clearfield Diagonal, lowa
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS REGISTRAR ADDRESS Bethesda. Nd.

SA COMMENT

A15-10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

÷!	CARLET CALLET CALLET Reg. Dist. No.
all y.	1. PLACE OF DEATH 2 USUAL RESIDENCE (HOME) OF DECEASED.
careful legibly	COUNTY MARYLAND STATE Maryland COUNTY MOTITO SMERLY
	CITY 11f outside corporate limits, write RURAL LENGTH OF STAY CITY(1f outside corporate limits, write RURAL and give nearest hown)
and tion	Y TOWN Deshesda 125 days Town Besthada X
nat	HOSPITAL OR (If rural give location)
information	THISTITUTION OR Suburban Haspital Piperice Rest Home River Road
inf	3. NAME OF (First) (Middle) (Last) (A. DATE (Month) (Day) (Year)
em of i	Type or Print: Lucy C. BENTLEY
item of de	5. SEX: 6 COLOR OR 77 SINGLE, MARRIED. 8 DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months, Dave House I Min
	Female white (Specify): Single June 14 1869 86 yrs. Months Days Hours Min.
every	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working iffe. OR INDUSTRY:
	even if retired): Secretary Treasury dept. Hlabama U.S.A.
Supply te the c	13. FATHER'S NAME:
Sal	William 6. Bentley lannie +thbutt
K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Nepheu)
INK.	no. of service) none. Tool Club Rel. Bux ton 12xl.
NG IN please	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH
UNFADING	4500 Couper Solow Stilled and
FA	IMMEDIATE CAUSE (A) Computar fear future 10 ways
icia	ANTECEDENT CAUSE (8)
~	GIVING RISE TO THE ABOVE CAUSE DUE TO
H	STATING UNDERLYING CAUSE LAST.
unt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
AINLY, W	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,
[N]	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
. 3	YES NO NO
=	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County) (State)
WRITE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?
VRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while
100	M. at work at work
ge it	22. I hereby certify that I attended the deceased from 1955, that I last saw the deceased
	alive on 2 1955, and that death occurred a Down from the causes and on the date stated above.
E TYP)	SIGNATURES OF OUR STEELS OF OUR STEELS
	23. BURIAL, CREMATUR, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Y.	REMOVAL (SPECIFF)
PLEASE	Burial Dec. 6,1955 Parklawn Hockville, Maryland Date Rec'd By Local Registrar's Signature Markland Mark
1	REGISTRAR, 2/6/55 Bessie In Homber Well Rembres Bethe sua, Md.
	1 1 1 marana you passed the same

» A matthi

000

12973 CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

- 1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY MONTGOMEN 1 MARYLAND	STATE MID. COUNTY MO.	NIGOMACY		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY (Il outsida corporale limits, write RURAL and give nee	rest town)		
	OR and give nearest town) TOWN TAKONIA FARIC 2 (In this place)	TOWN Late nitetaal			
	HOSPITAL OR	STREET (I) rural give location)			
	STREET ADDRESS WASHINGTON SANATTACIUM	ADDRESS 3115 Mc CANAS	HVE 1		
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) # (Yaar)		
	(Type or Print) EASIE - BE	EMAN DEATH DEC.	11-2 1955		
	S. SEX 6. COLOR ON 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, (Specific Date) //- 8	F BIRTH 9. AGE last birthday IF UNDER 18 94 6 yrs Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.		
- 1	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even # OR INDUSTRY	11. BIRTHPLACE (State or Sereign country) 12	CITIZEN OF WHAT		
	dona during most of working life, even if OR INDUSTRY	NEWYORK	COUNTRY?		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 0 / 1		
	HOOLPH WEISS	ZALI GANSEFRIE	D		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	KENS MID		
	(Yes, no of unk.) (Il Yes, give war or dates of service) 051-28-280	S FLERGNEE BLAC - 3/15	Mc CENASINE		
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
	MANERIATE CAUSE IN CEREBRI	Al ombalish	2 days		
	miniconti chost	The Control of the Co	76 66 17 7 3		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CALLED	tu heart disease	VE ARST		
	STATING UNDERLYING CAUSE LAST. DUE TO	S. V.	AKAZ,		
	TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
			YES NO P		
	21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, Jectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINE)	Pic. WHERE DID INJURY OCCUR? (City or town) (Coun	(State)		
		21. HOW DID INJURY OCCUR?			
	M. While Not while I				
	22. I hereby certify that I attended the deceased from \$1.51.5.	5, 19 10 12/1/ 19.55, that I	last saw the deceased		
	alive on	3,53 AW, from the causes and on the date state	d above. In late -		
¥ C	BIGNATURE 17 1 1 1/17	ADDRESS (Streat, sity, lown, state)	DATE SIGNED		
10	Charle in bely til wo. 1	2600/ARKLAND DA ROCK	Villa did		
2	23. BUR ALT CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)		
415		URBAL MEWYORK	NY.		
N N	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ADDRESS 4 (LA)		
	DATE CC 1441415 I IT LETTER & COLA	Joekkey telles tome	H2177 Ru		



DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINE	R'S CE	KT	FICATE	OF	DE	ATE	No		and a sa
1. PLACE OF DEATH:			2.	USUAL RESIDEN	CE (HOME)	OF DEC	EASED:			
county Montgomes	rv	MARYLAND		STATE Maryla	and cor	INTY I	Montg	om ry	r	
CITY (If outside corporate OR and give nearest town 511ver Spin	limits, write RURAL	LENGTH OF STA (in this place) 35 yrs.	Y	CITY (If outside OR TOWN Silve			RURAL	and give	nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.				STREET ADDRESS R.F.	, D. #2, C	rural, gi				
8. NAME OF (FI DECEASED: MAR'		Middle) VTHER		RRY	4. DATE OF DEATH	(Mor De	' '	Day) 10	(Year)	55
S. SEX: Wale 6. COLOR (RACE: White	7. SINGLE, M. WIDOWED, (Specify): \$	ARRIED, 8. DA DIVORCED, 5/	TE OF		o. AGE last to 59	olrthday: yrs.	If UNDER		Hours	Min.
10a. USUAL OCCUPATION work done during most even if retired): uner	of work life. I	IND OF BUSINESS NDUSTRY:	OR	Edge Hill,			untry):	U.S.	IZEN OF	WHA:
IS. FATHER'S NAME: Wesley Berry				. <mark>mother's mai</mark> Dora T. Rol						
15. WAS DECEASED EVER IN U. (Yes, no, or upk.) (If Yes, giv yes)	e war or daves of	OCIAL SECURITY No.:		Menry L. F						
I. DISEASES OR CONDITION Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause	(a) DUE TO any, (b) cause DUE TO			eccuse	• •2000	.,	· · · · · · · ·		TERVAL II	
IL OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	THE						<u>.</u>		
19a. DATE OF OPERATION	: 19b. MAJOR FINDI	NG OF OPERATION	:					20	Yes 🗆	
21a. EXTERNAL CAUSE WA PRIMARY OF CONTRIBU CAUSE OF DEATH.	TING 216. PLACE	E (Home, farm, facto street, office bldg., of Y		21c. (City or tow		(Count	у)		(State)	
21d. TIME (Month) (Day) OF INJURY	i Wh	NJURY OCCURRED ille at Not while rk at work		21f. HOW DID I	NJURY OCCI	JRT				
22. I hereby certify that find that death resu SIGNATURE 23. BURIAL, CREMATION, PERMOVAL, (Specific)	lted from: Natura	l causes Ø, Ac	cident	CHIEF DEPUT M. D. ASSIST	MEDICAL TY MEDICAL TANT MEDIC LOCATIO	ide [], EXAMIN EXAMI CAL EXAMI	Unde ER NER M. town, or	etermin	ned cau DATE SI 2-//- d	ISE GNED
Ertomoment Date rec'd by Local REG.	12/12/55 REGISTRAR'S SIGNA	C 11500		4. FUNERAL DIE	Prince	G- ore	re Cot	anty,	Md.	ESS
W.C. 3/99	n cancer	. selle _	M	punerita to	undher	4	- O		2/	البحيم

) (3)

Ы 7 SE Vi

SIGNATURE

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

B. SULLIVAN

JR LT. MC

DATE THEREOF

Macomb. Illionois Jan 1955 Goodhope Cemetery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **ADDRESS** FANE Pumphrey Funeral Home REGISTRAR 28 Dec Wisconsin Ave. Bethesda, Maryland

NAME OF CEMETERY OR CREMATORY

USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

LOCATION (City, town, or county)

S A MARKET

9

DEALLS

LEASE

(County) (State) 22. I hereby certify that I attended the deceased from Pau 70., 1907, to Dag 3/, 1957—that I last saw the deceased ., 1957, and that death occurred at/15" A M, from the causes and on the date stated above. SIGNATURE CEMETERY OR CREMATORY 23. BURIAL, CREMATION, DATE THEREOF NAME OF (REGISTRAR'S DATE REC'D BY LOCAL

1955

COUNTRY?

U.S. A-

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO



Ft. Lincoln Cemetery

Prince George County,

FUNERAL DIRECTOR

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

J A I



A15-

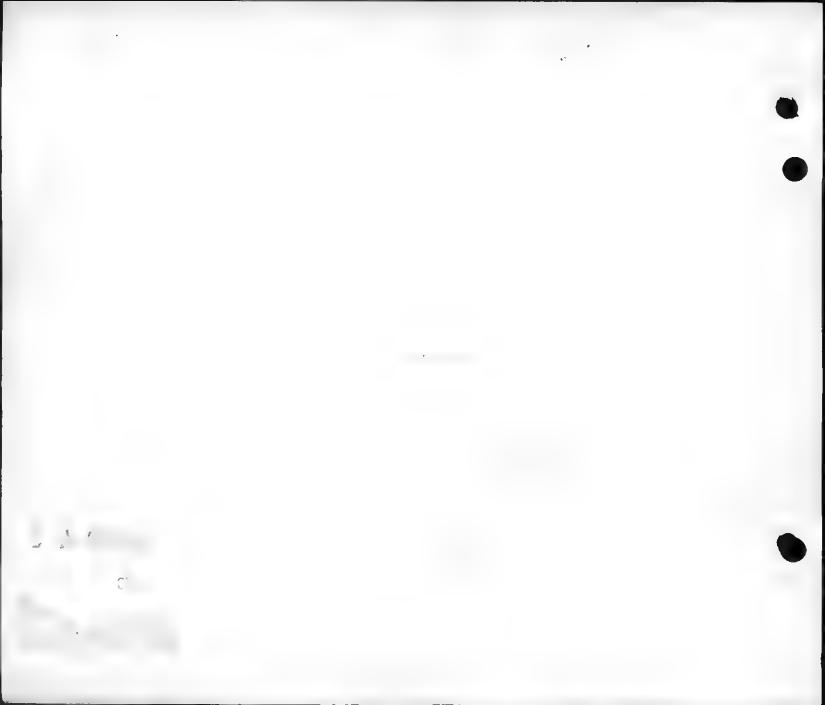
ΛS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12076

10444	CHARACTERIC A TOTAL	OB	TATE A PUTT
12111	CERTIFICATE	UL	DLAIH

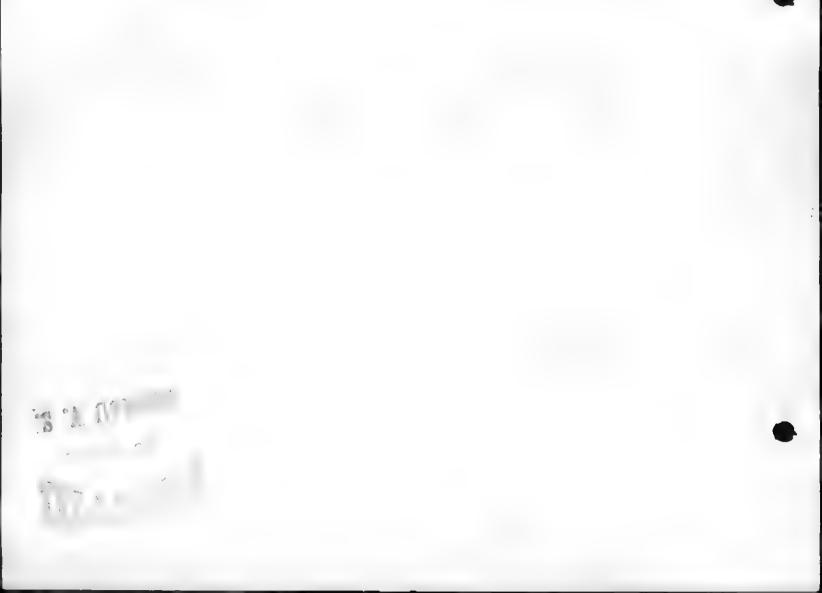
Reg. Dist. No. 2,17

	I. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	0:
causes or ueam clearly and regions	COUNTY Mania an ery Marylano CITY (If outside corporate limits, writh RURAL OR and give nearest lown) TOWN HOSPITAL OR Bradford Rest Dursing STREET ADDRESS 3. NAME OF (First) (Middle) DECEASED: (Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIOOWED DIVORCED.	STATE Md COUNTY Print CITY (If outside corporate limits, write RURAL of COUNTY FAIR MOUNT Height STREET (If rural give location)	Day) (Year) 19 19 55 EAR IT UNDER 24 HRS. Hours Min.
	13 FATHER'S NAME:	N 9	
5 5	Inomas Brown. Anna Statum.		
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. 17. INFORMANT & AODRESS:			
<u>,</u>	of service) 519-03-342)	Same.	
ร	18. MEDICAL CERTIFICATI		INTERVAL BETWEEN
5.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	X Contraction	* "1 4 4 /	5 www.
2	IMMEDIATE CAUSE (A) CULLULU.	mus of oesighaging	Jewos.
ANTECEDENT CAUSE (S)			
2	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO		
	STATING UNDERLYING CAUSE LAST.		
(C)			
3	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GEATH BUT NOT RELATED TO THE		
OISEASE OR CONDITION CAUSING DEATH.			_f
	194. OATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
-	17		YES NO K
ecians	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (If EITHER, NOTIFY MEDICAL EXAMINER) (State)		
IS est	D. TIME (Month) (Day) (Year) (Hour) 2 IE INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? While Not while at work at work		
9	22. I hereby certify that I attended the deceased from Nov , 1955, to 125, that I last saw the deceased		
Se joe	alive on /2/// , 1955, and that death occurred at M, from the causes and on the date stated above. ADDRESS DATE SIGNED		
I O		o. July Iping the 12/11/5/-	
ยั	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) (State)		
OATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FINERAL DIRECTOR			AMORESS
	REGISTRAR	IN Va. # Y X. acude.	ma 12 1.00 20 1



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1812078

H	1907C CERTIFICATI	G OF DEATH Reg. Dist	. No. 47.5						
carefully.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D:						
carefull legibly.		A (
le g	COUNTY Montagenery MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	ad since account down?						
	(in this piace)	OR . , . /	ing give nearest town;						
otti	MTOWN Takomo Pork 35	TOWN Wustyington 4	-/X-i						
ma	HOSPITAL OR	STREET (If rural give location)							
for	STREET ADDRESS Washington Jon + 170sp.	627 Highland 4	ve.NW						
Supply every item of information te the causes of death clearly and	3. NAME OF DECEASED: A A D F (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)						
eat	(Type or Print) / 175 L - Gertrude	DEATH: /2-	6 1955						
ren L d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED, A	OF BIRTH: 9. AGE last birthday Months D	PEAR IF UNDER 24 HRS.						
y ite	Fe Cauc (Specify): Widow /-	12-1874 01 yrs.							
every	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT						
cau	even if retired): Howf	NO	21.5A.						
ipply the	13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:							
sup e ti	David Evans	Sarah Phillips							
n poli	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ABDRESS:							
N N	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hosp Records							
WITH UNFADING INK.	18. MEDICAL CERTIFICATION								
N d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH						
<u> </u>	1 uperten	sire Heart Dings 5							
FA	IMMEDIATE CAUSE (A) DUE TO	ITTE TICET DISEASE	- yrs						
TH UNFA	ANTECEDENT CAUSE (\$)	re failure	111-						
H	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	t gille							
三 三	STATING UNDERLYING CAUSE LAST.								
LY, W	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
, X,	TO THE DEATH BUT NOT RELATED TO THE								
AINI	DISEASE OR CONDITION CAUSING DEATH.		AN AUTORIONA						
PLAINLY lly import			20, AUTOPSY?						
PI Ily	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Count	ty) (State)						
WRITE PI	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)						
VR	210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?							
200	M. at work at work								
OR ge	22. I hereby certify that I attended the deceased from 1960	3 , FF ., to 1 6 ., 19 4, that I last	saw the deceased						
TYPE rect ag	alive on . 19,50, and that death occurred at	AM, from the causes and on the date	stated above.						
ect X	SIGNATURE	ADDRESS / / DAT	TE SIGNED						
E TY]		1.0.500 anderword & 1W 12/	6/60						
S	TOTAL CONTRACTOR OF THE PARTY O	ERY OR CREMATORY LOCATION (City, town, or	county) (State)						
PLEASE	Durial Del 2-1935 Worke O	rex. bem washington	N 60						
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR DO 3001	ADDRESS						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 The 02 ERTIFICATE OF DEATH Reg. Dist. No. carefully PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly throrers COUNTY Shift Of Street, CITY (If odiside corporate limits, My grand COUNTY MARYLAND STATE CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) and give nearest town) and information TOWN Salver Sprin TOWN Unknown early HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS ਹ 3. NAME OF (First) (Middle) (Last) DATE (Month) (Year) death DECEASED: (Type or Print) DEATH: DEC. 19 5-5 item SINGLE, MARRIED BIRTH: 9. AGE last birthday IF UNDER I YEAR 16 COLOR OR 8. DATE OF WIDOWED, DIVORCED RACE Months | Days Hours | Min. (Specify) every causes 108 KIND OF BUSINESS (State or fereign country): |12. CITIZEN OF WHAT 10A USUAL OCCUPATION (Give kind of 11. BIRTHPLACE work done during most of working life. OR, INDUSTRY: COUNTRY even if retired): pply 14. MOTHER'S MAIDEN NAME: 6) 13. FATHER'S NAME th 43 Johnn IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 17, INFORMANT & ADDRESS: IS. SOCIAL SECURITY NO. WI (Yes; no, or unk.) (If Yes, give war or dates of service) 9 ea 18. MEDICAL CERTIFICATION DING INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH HEART 4 ans IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) sici GENERALIZE BIERMSCLEROSIS DISEASES OR CONDITIONS, IF ANY, (B) Phys WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) ESSEN11 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE import DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 🗔 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? WRIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work NOIVE 90 ឧ 22. I hereby certify that I attended the deceased from FEB. 24, 1954, to page 20, 1954, that I last saw the deceased 0 a 国 alive on AGC - 20, 1955, and that death occurred at 7:00 AM, from the causes and on the date stated above. TYP] ect SIGNATURE Warring Pay 国 LOCATION (City, town, or county) 23. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY (State) W REMOVAL (SPECIFY) 国 DATE REC'D BY LOCAL PUNERAL ιż REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2≈ CIT CERTIFICATI	S OF DEATH Reg. Dist	. No.						
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:						
TH UNFADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and legibly.	COUNTY Montgomery CITY (If outside corporate limits, write RURAL CONTROL OF STAY (in this place) TOWN Silver Spring 12 yrs.	STATE Maryland COUNTY Mont CITYIII outside corporate limits, write RURAL OR TOWN Silver Spring STREET (If rural give location)	and give nearest town)						
	INSTITUTION OR STREET ADDRESS 1604 Carey Lane	ADDRESS 1604 Carey Lane							
			Day) (Year)						
	(Type or Print)	ndrock DEATH Dec.	221955						
	Female Solor or 7. SINGLE, MARRIED, WIDOWED. DIVORCED. 12/16/	, , , , ,	Days Hours Min.						
	work done during most of working life. even if retired): Housewife Own home	Buffalo, New York	CITIZEN OF WHAT COUNTRY?						
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:							
	Andrew Scheu	Alzina Riebling							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yed. no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:							
	no of service) none	Mr. Frank E. Bundrock, 1604 C							
	18. MEDICAL CERTIFICAT	Silver Spring,	INTERVAL BETWEEN						
	A	01.	144						
	ANTECEDENT CAUSE (S)	Taurus .	رم سهي						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	0 1							
i −4	(C)								
~ 25	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
MIL	DISEASE OR CONDITION CAUSING DEATH.								
3	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		YES NO L						
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. INJURY OCCUR? (Coun	ty) (State)						
P	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not white at work at work								
OR e is	22. I hereby certify that I attended the deceased from	, 19 , to . 19 19.5 That I las	saw the deceased						
च छ		(, P M, from the causes and on the date							
E TY1	A D Jun m	. D. 7652 16 - NW Wall	2 12/23/55						
PLEASE cor	23. BURIAL, CREMATION, DAYE TALREOF NAME OF CEMETI Trans. & Burial 12/20/55 Forest Lawn	Cemetery Location (City, town, o							
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 8434 G	ADORESS						

VS. A15-10-53

MARGIN RESERVED FOR BINDING



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SERVE	INK.
MARGIN RESERVED FOR BIN	WRITE PLAINLY, WITH UNFADING INK. Supply every
	WITH
	PLAINLY,
	WRITE

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MARYLAND STATE DEPARTMENT OF I	HEALTH—BALTIMORE, 18	leg. Dist.
MEDICAL EXAMINER'S CER		No. 02/3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE MY COUNTY MINTE	
CITY (If outside corporate limits, write RURAL OR and give rearest town) TOWN Cockettle LENGTH OF STAY	CITY (If outside corporate limits write RURAL and g	1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grange within Rest Home	STREET ,If rural, give location)	
2. NAME OF DECEASED: (First) Selfy Elizabeth Be	(Last) 4. DATE (Month) (Day) OF DEATH (L. 28)	(Year) 1957
5. SEX 6. COLOR OR 7/SINGLE MARRIED, 8. DATE WIDOWED, DIVORCED, 9. COLOR OR GENERAL STREET, 9. COLOR OR GENERAL ST	Months Days	
10a. USUAL OCCUPATION (Give kind of Aork done during most of work life, even if retired): The supervision of		ITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John 13 Byrd	Salkie T Veirs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 1, 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	Jos Bysol - Dawsonville M.	nel
	AL CERTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
DUE TO	colusion.	trad
Antecedent cause(s) Diseases or conditions, if any, (b)		but
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yee □ No □
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	••	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. 1NJURY OCCURRED While at Not while INJURY M. Work ☐ at work ☐	211. HOW DID INJURY OCCUR!	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes . Accid		formal manner of
		ined cause [].
SIGNATURE Jan A A Bross to Just	dent [], Suicide [], Homicide [], Undeterm CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED

ADDRESS

VS. A15A - 5 - 53

23.

DATE REC'D BY LOCAL REG. 12/30/55

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Haryland COUNTY Hontgomery CITY (If outside corporate limits write RURAL and give nearest town) Clarksburg-Rural (If rural, give location) (Month) (Day) (Year) 19 5 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILAT COUNTRY? Mrs Hary Claggett-Item # 2 INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes 🗌 No 🖓 (County) (State) 21f. HOW DID INJURY OCCUR at work INJURY 12- 1-555-1075-14M 22. I hereby certify that I took charge of the remains described above, held an Autopsy [] / Inspection [], Inquiry [], and find that death resulted from: Natural causes [. Accident], Suicide [. Homicide [. Undetermined cause [. CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. W 23. BURIAL, CREMATION , REMOVAL (Specify) : LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY Burial ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Rel 2084
	116
	No. 216
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY COU	nive meanest terms)
OR and giv pnearest fown) TOWN CITY (If outside corporate limits, write RURAL and OR TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town,
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUMMIT A VE	A
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) OF	(Year)
(Type or Print) William Mances CHASE DEATH 12-22	19 55
Male Colored (Specify) Trade 1-24-10 15 yrs. Months Da	Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
even if retired) & Aboyes Mery and Mary and 14 MOTHER'S MAIDEN NAME:	W.5.
William A. Chase Sarah Olivia Fore,	man
15. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	
400 service) Mother-Sarah Chase	
IS. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
E DISPAGES OF CONDITIONS DIRECTED BANKET TO DEATE.	ONSET AND DEATH
1.1	
Immediate cause (a) Atrol	** ************
Antecedent cause(s) Antecedent cause(s)	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO,	5-days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) hard, Mest, Churt, Parch Tuffer extrember	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) hard, heat, churt, but Tuffer extrember II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) fund, fush, client, fouch Turfur extremely II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) Furd, Plack, Chart, Pack Turffer extrember II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	S-days. 20. AUTOPSY? Yes No
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) fund, fush, clust, forch truffer extremble. IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	S-days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) Fund, Fund, Churt, Cruft Tunffur extremition II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY 2 or CONTRIBUTING OF Street, office bidg., etc., INJURY CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY COURED 21e. INJURY COMMEND 21f. HOW DID INJURY OCCURED	S-days. 20. AUTOPSY? Yes No
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) Mark, Mark, Churt, Mark IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY 3 or CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY COURED OF While at Work Death Sell in hog Malding Line While at work Death Sell in hog Malding Line Tell in hog Malding Line The Mark of Malding Line The Month of Mark of Malding Line The	20. AUTOPSY? Yeo No D (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO, stating underlying cause last (c) Mark, Mark, Churt, Mark IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY 2 or CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY (Plant) OF Street, office bidg., etc., While at Not while of Not work of Not part of Not Not work of Not part of Not Not work of Not Not work of Not Not work of Not Not Not work of Not	20. AUTOPSY? Yeo No D (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause BUE TO stating underlying cause last (c) hard, Mark, Chart, Mark, Traffic Strength Strength II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY Columner OF While at Work Office Street, office bidg., etc., INJURY 12-17-55-1-32-1/3. M. Work office Street, office bidg., etc., INJURY 12-17-55-1-32-1/3. M. Work office Street, office	20. AUTOPSY? Yes No D (State) Inquiry D, and mined cause D. DATE SIGNED
Antecedent cause (s) Diseases or conditions, if any, (b) Diseases or conditions, if any, (b) Diseases or conditions, if any, (b) Stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY G OR CONTRIBUTING OF street, office bidg., etc., PRIMARY G OR CONTRIBUTING Street, office bidg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. NIJURY OCCURRED OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. NIJURY OCCURRED OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. NIJURY OCCURRED OF DEATH. 22d. I hereby certify that I took charge of the remains described above, held an Antopsy Inspection of the control of the contro	20. AUTOPSY? Yes \(\text{No } \text{No } \text{D} (State) Inquiry \(\text{D}, \text{ and mined cause } \(\text{D} \) DATE SIGNED / 2 - 2 - 2 - 5
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause BUE TO stating underlying cause last (c) hard, Mark, Chart, Mark, Traffic Strength Strength II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY Columner OF While at Work Office Street, office bidg., etc., INJURY 12-17-55-1-32-1/3. M. Work office Street, office bidg., etc., INJURY 12-17-55-1-32-1/3. M. Work office Street, office	20. AUTOPSY? Yes \(\text{No } \text{No } \text{D} (State) Inquiry \(\text{D}, \text{ and mined cause } \(\text{D} \) DATE SIGNED / 2 - 2 - 2 - 5

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MARYLAND

12120

STATE DEPARTMENT SCHEALTE

CERTIFICATE OF DEATH

g. Dist. No. 2/4

COUNTY ON OBOATH HOSE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR givenessettoyn during Copy (in this place)	OR TOWN D	47:
HOSPITAL OR	[] CSTREET (If rural, give location)	
STREET ADDRESS Commbra like	ADDRESS 1600 - 38 45 15.5	6, N.C
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MRS. MYRTLA A CHUR	CONTLA DEATH MEC	29 1992
5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		1 year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CITIZEN OF WHAT
Scampfred and Clerk Scampfred ochil	10 11-10 UT-7, WOOD W	26.5.
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	- in fair
(Yes/no, or unknown) (If year, give war or dates of service)	mrs Ethan Clarchiel-a	u above
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEET
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8 1. 1	ONSET AND DEATE
345 Immediate cause (a) my o-carpl	itis.	machent
mo vitile.	seleroses	atleast
		11420.
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes П No П
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	1 2.0 (") 2.0 (")
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	1 100
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	HOW DID INJURY OCCUR?	1 100
SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Yest) (Hour) INJURY OCCURRED OF While at Not While INJURY m, Work At work		(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF INJURY m. Work Not While at Work At work 1	10, 1966, to 12.29, 1968, that I last sa	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF INJURY m. Work Not While at Work At work 1	10, 1966, to 1.2.2.2.9, 1968, that I last say	(STATE)
SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from9 = 2 alive on2 = 2,, 1955, and that death occurred at	10, 1965, to 1.2	(STATE) we the deceased ated above. DATE SIGNED
SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from	10, 1966, to 1.229, 1968, that I last as ADDRESS To the Causes and on the date standard on the date standard on the date standard on CREMATORY LOCATION (City, town, or country)	(STATE) we the deceased ated above. DATE SIGNED
SUICIDE HOMICIDE NOTE TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 9-2 alive on 2-29, 1956, and that death occurred at SIGNATURE SIGNATURE 23. BURIAL, CREMATION DATE REMOVAL (Specify) 1273/55 NAME OF CREMATION	10, 1966, to 1.229, 1968, that I last as ADDRESS To the Causes and on the date standard on the date standard on the date standard on CREMATORY LOCATION (City, town, or country)	(STATE) aw the deceased ated above. DATE SIGNED (State)
SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While 22. I hereby certify that I attended the deceased from 9-2 alive on 2-29, 1956, and that death occurred at SIGNATURE SIGNATURE 23. BUREAL, CREMATION DATE REMOVAL (Specify) 127 31/55 NAME OF CREMENT	10, 1966, to 12.29, 1968, that I last as ADDRESS JULY SANGER ADDRESS JULY SANGER AND CREMATORY LOCATION (City, town, or country Location Care, to a country Locati	(STATE) aw the deceased ated above. DATE SIGNED (State)
SUICIDE HOMICIDE NOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 9.2 alive on 2.2 9, 1955 and that death occurred at SIGNATURE (Degree or title) 23. BURLAL, CREMATION DATE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEFERMATION DATE REGISTRAR'S SIGNATURE	10, 1966, to 1.2	(STATE) we the deceased ated above. DATE SIGNED (State) (State)

9 . 10

MARGIN RESERVED FOR BINDING

VS. A15-10-53

MAKILAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	1208
12000	CONTRACTOR OF A PROTECT			No. 2!

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MUNICIPALETY MARYLAND	STATE Waryland county Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIII outside corporate limits, write RURAL and give nearest to
OR and give nearest town) Rockville OR and give nearest town) Rockville OR and give nearest town) Rockville	TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4708 Oxbow Rd.	STREET (If rural give location) ADDRESS 4706 UXBOW Rd.
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Mary Agnes Cla	ck Dec. 21, 1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday if UNDER 1 YEAR IF UNDER 14 M Months Days Hours M
OA USUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI COUNTRY?
even if retired): Housewife Homemaker	West Virginia US
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Wright	Luvenia Beltz
S WAS DECKASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO. IVES, no. or on the of service) 10. SOCIAL SECURITY NO. IVES, no. of service)	Husband 4708 Oxbow Rd, Rockville,
18. MEDICAL CERTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE
₹ 491 .	1.1 1.1
IMMEDIATE CAUSE (A) Myst	under Jarlens 292
ANTECEDENT CAUSE (8)	26
DISEASES OR CONDITIONS, IF ANY. (B)	in Sterambones 78 60
STATING UNDERLYING CAUSE LAST.	4 1 1 1 1 9 1
(c) Certinon	lison - Charletes of C 6 A level of
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Areas of reaching
DISEASE OR CONDITION CAUSING DEATH.	N.
F	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of Death Of Injury street, office bldg (if either, notify medical examiner)	ttory., etc. 21c. WHERE DID (City or town) (County) (State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from . A. /	1, 1953, to 12/21, 1953, that I last saw the decea
alive on	ADDRESS 2 DATE SIGNED
111 201 1 100	1.0. Restertle find
Stoffenh. Jone	
23. BURIAL CREMATION, DATE HEREOF NAME OF CEME	Mational Cem. Prince George Co., Md.

JEC

12121

CERTIFICATE OF DEATH

12088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item all information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

FOR MEDICAL	L EAR VILINGIAS Reg. Dist. No.
I. PLACE OF DEATH- COUNTY Montamery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY GOO.
OR give gearest town) forms (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
HOSPITAL OR SINSTITUTION OR 13000 Hoch Valleywood &.	ADDRESS Cherry Hill & Powder Mill Roads
3. NAME OF DECEASED (Middle) (Type or Print) Philips Lugene	Colvin 4. DATE (Month) (Day) (Year) OF DEATH Dec 20 191
1 SEX COLO / RACE 7. STAGLE, MARRIED, WIDOWED, DIVORCED, Specify) Marcial	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 birthday 4-3 - 12 4-3 yrs. Months Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired)	Cumberland, Maryland Cunty Cunty A.
13. FATHER'S NAME Hiram Leo Colvin	Allie Marie McDaniel.
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If yes, give war or dates of 214-01-0189	Mrs. Jennie G. Colvin, Cherry Hill &
IS. MEDICAL CE L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION FOWDER MILL Rds., INTERVAL BETWEE ONBET AND DEAT
Immediate cause (a) Cerebral himon	hoge & lacentron der te pudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause tant (e) Filteling of curve	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Various last Tuyers	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY! Yes No S
PRIMARY OR CONTRIBUTING OF office bldg etc.) CAUSE OF DEATH.	Theory Army Minter Ind
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY/2.20.55-2 Y.55-A m. work at work	Structe by Guldon store
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decent from: notural causes [] accident & suicide [], homicide [], SIGNATURE	Autopsy Inspection A. Inquiry of thereon and from the evidence cased died on the dry stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED
Thank V. Broschart Mid.	Gasturstano nd 12 20.55
	RY OR CREMATORY LOCATION (City, town, or county) Med (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 8434 Ga. AVE.



A15-10-53

VS.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every Item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Diet No.

Nya, 22	2 to the Charles of the Court o	d OI DIZILLII	110.00 1 60 .			
ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:			
gib	COUNTY MOMOOMERY MARYLAND	STATE Maryland COUNTY MORE GOMERY				
l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside comporate limits, write RURAL as	nd give nearest town)			
and	TOWN Dellesda Iday alus.	TOWN GERMAN KOWO	,			
]y	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)				
death clearly and legibly	STREET ADDRESS Suburban Kospital	RFD #1				
'n c	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	(Year)			
eat	(Type or Print) GEORGE William Co	RNWell DEATH: 12 - 3	19 55			
of d	PACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YI				
	male white (Specify) married 9.	-14-81 14 yrs 3 8				
causes	TOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:		CITIZEN OF WHAT			
	even if retired): FARMER Farming	YIRGINIA	<u>Q.5.</u>			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
te	GEORGE M.Cornwell	Sara Kidwell				
write	19. WAS DECKASED EVER IN U.S. ARMED FORCES? (Yes, no. for unk.) (If Yes, give war or dates of service) Yes. Unknown	Caroline Slaughter, dans	the			
		Haw. Diamond are Gar	tursbugt 3.			
please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN			
- '	180					
ST.	IMMEDIATE CAUSE (A) (L LL (L L L L L L L L L L L L L L L	and artise recessors	ruly			
icis	ANTECEDENT CAUSE (8)	1 /12/2 20 120	13 10			
Physicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO	and when the way	10 1000			
	STATING UNDERLYING CAUSE LAST. (C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
mp	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	Υ	20. AUTOPSY?			
	0		YES NO -			
especially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)			
D SS	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
M. at work at work						
98	22. I hereby certify that I attended the deceased from 124.	2019 3, to P. L. 193, that I last	saw the deceased			
et On	alive on Dec. 26. , 1955, and that death occurred at	A. M. from the causes and on the date s	tated above.			
ect	SIGNATURE	ADDRESS / DATE	E SIGNED			
correct		.D. Sheputacion had Dec	, L./ 33			
0	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or				
	Burial 12-29-55 Parklaw		ontg. Md.			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Bet!	hesda, Md.			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 _			-					,_	~ -		
The same	21	2:	}	CEF	?TT	FT(ZA	TE	OF	DEA	тн

Reg. Dist. No. 2/4 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: Mont gomer COUNTY MARYLAND CITY (If outside copporate limits, write RURAL) corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY(If outside (in this place) and give nearest town) OR TOWN TOWN HOSPITAL OR STREET (If rural give location) ADDRESS INSTITUTION OR STREET ADDRESS 3. NAME OF (Middle) (Last) (Day) (Type or Pur DEATHY PLOMPY SEX: COLOR OR 17. SINGLE, MARRIED 8. ⊿ DATE OF BIRTH: 9. AGE last birthday! IF UNDER I YEAR ACE: WIDOWED, DIVORCED. Days Hours Months | (Specify): remale yrs. IOA USUAL OCCUPATION (Give kind of, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country); 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRYZ even if retired): 13. FATHER'S NAME: MAIDEN NAME: a. 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates record 5 of service) MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION: 20. AUTOPSY1 YES ! NO 21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY at work at work . 19 JJ. to /2. , 1917, that I last saw the deceased 22. I hereby certify that I attended the deceased from / 2/ and that death occurred at 5:15 AM, from the causes and on the date stated above. alive on /4 SIGNATURE DATE SIGNED.

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23. BURIAL CREMATION, REMOVAL (SPECIFY)

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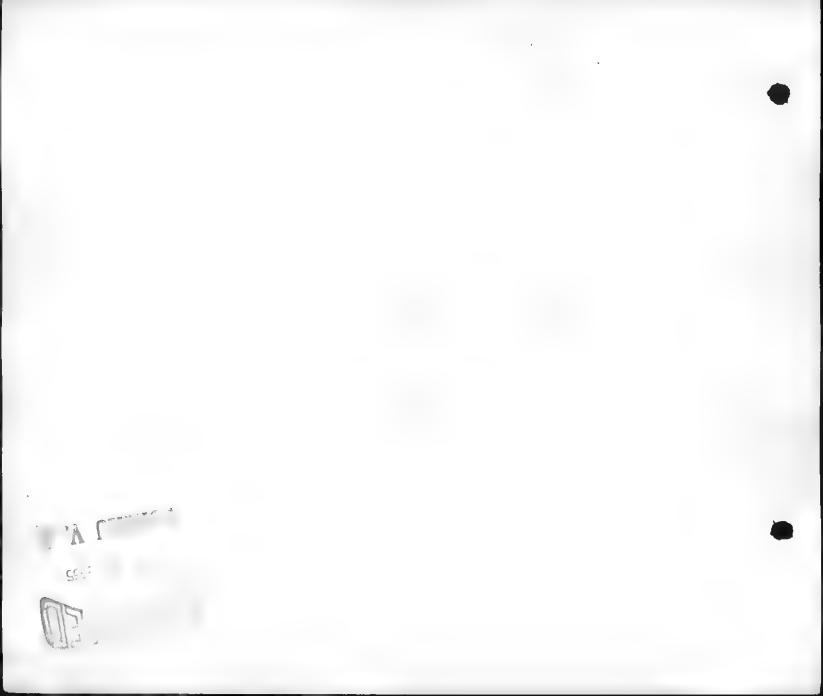
MARGIN RESERVED

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

DATE THEREOF

ADDRESS Bethesda, Md.

LOCATION (City, town, or county)



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Physicians

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13 Dec 1955

WRITE OR TYPE 10 - 53PLEASE A15 Š

	10004
MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 12091
12124 CERTIFICATE	C OF DEATH Reg. Dist. No. 215
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MODIGOMETY MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR and give negrest town) TOWN Bethesda Rural 5 mo 2 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS U. S. Naval Hospital	ADDRESS West 2ND Avenue
- 111111 1	(Last) 4. DATE (Month) (Day) (Year)
(Type of Atmit)	ALFONZO DEATH: December 12 1955
5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify): Single 9-23-	OF BIRTH: 9. AGE last birthday Funder t Year Funder ta Mes.
10A. USUAL OCCUPATION (Give kind of, 10B KIND OF BUSINESS	FI. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired): Mariner OR INDUSTRY: Mariner	Maryland US
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles D'ALFONZO	Unknown
15. WAS DECEASED EVER IN U.S ARMED FORCES: 15. SOCIAL SECURITY NO.	Sister Mrs. Florence Bracato
(Yes, no, or witk.) (If Yes, give war or dates Yes of service) WWII & Korea Unknown	Same as above
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) CHURAL	Resperaiony Failure 8 urs.
ANTECEDENT CAUSE (B)	1: baselini to train un la
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO	the carcinowa to olden unenown
STATING UNDERLYING CAUSE LAST	in concern letters
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ence commona ego una
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Septomenin gitts /
198. MAJOR FINDINGS OF OPERATION	ZO. AUTOPST?
	VES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm. fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	ory, 21c WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10 Ju.	1 1955, to 12 Dec 1955, that I last saw the deceased
	12 Midnight the causes and on the date stated above.
SIGNATURA / TOSCULA	ADDRESS DATE SIGNED
R. G. FÖSBURG ÍTJG, MC. VSN U. S. Naval Hos	ery or crematory Location (City, town, or county) (State)
REMOVAL (SPECIFY)	
16 Dec 1955 Burial National Cer	
REGISTRAR	R4. AUN Princh Reg Truneral Home ADDRESS

7557 Wisconsin Avenue, Bethesda, Md.

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O.A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12125 CERTIFICA	TE OF DEATH Reg. Dis	t. No. 216
1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Montgomery MARYLAND	STATE Md. COUNTY MO	ntgomery
CITY (If outside combrate limits, white RURAL LENGTH OF STOR and give nearest town) (in this place TOWN RETURNS)		
HOSPITAL OR INSTITUTION OR SUBURBAN HOSP.	STREET ADDRESS 43/3 STANFORD	154.
S. NAME OF (Eirst) (Middle) DEGEASED: (Type or Print) SARA JEANETE DA	(Last) 4. DATE (Month) OF DEATH: Dec.	(Day) (Year)
FC RACE WIDOWED, DIVORCED, Lu (Specify): 5/19/8 Lu	L. 2 1884 71 yrs. 10	Days Hours Min.
10A USUAL OCCUPATION (Give kind of or NOUSTRY:		CITIZEN OF WHAT
even if retired): Retired U. S. Govt.	Pennsylvania	USA
13. FAIRER S NAME:		
Hugh H. Davenport 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Cora Gans	
(Yes, ng. of unk.) (If Yes, give war or dates No No None	Mrs. Bertha M. Carroll Ches	Stanford St. vv Chase, Md
18. MEDICAL CERTIFI		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DNSET AND DEATH
IMMEDIATE CAUSE (A)	ardial Sufaret, ucuic	67.2.
ANTECEDENT CAUSE (S)	1 4. 01 4 9.	,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	Cretotic Near! L'island	- yr
(c) /while	many Cuphyleina	10 m (?)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY?
		YES NO P
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b	factory. 21c, WHERE DID (City or town) (Coulding, etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR OF INJURY M. 21E INJURY OCCUR While Not while at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	OV. 16, 1955, to DEC. J., 1955, that I las	t saw the deceased
alive on . DEC 5., 19 JT, and that death occurred		stated above.
(1 Time	8718 Warner Ade	Time 6 12:00

NAME OF CEMETERY OR CREMATORY

New Geneva

PLEASE TYPE OR 10 - 53A15. ZS.

correct age

23. BURTAL, CREMATION, REMOVAL (SPECIFY)

The

item of information carefully. of death clearly and legibly.

every causes

Supply

WRITE PLAINLY, WITH UNFADING especially important. Physicians:

please

MARGIN RESERVED FOR BINDING

/1955 Burial-transit 8 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR.

ADDRESS Bethesda, Md.

New Geneva.

LOCATION (City, town, or county)

Penna.

Y'A ALIMAR

arlington Nat.

t. Cem. | /

Va.

Arlington

why hour, Bethesda.

VS. A15

Burial

DATE REC'D BY LOCAL



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Supply every item of information carefully.

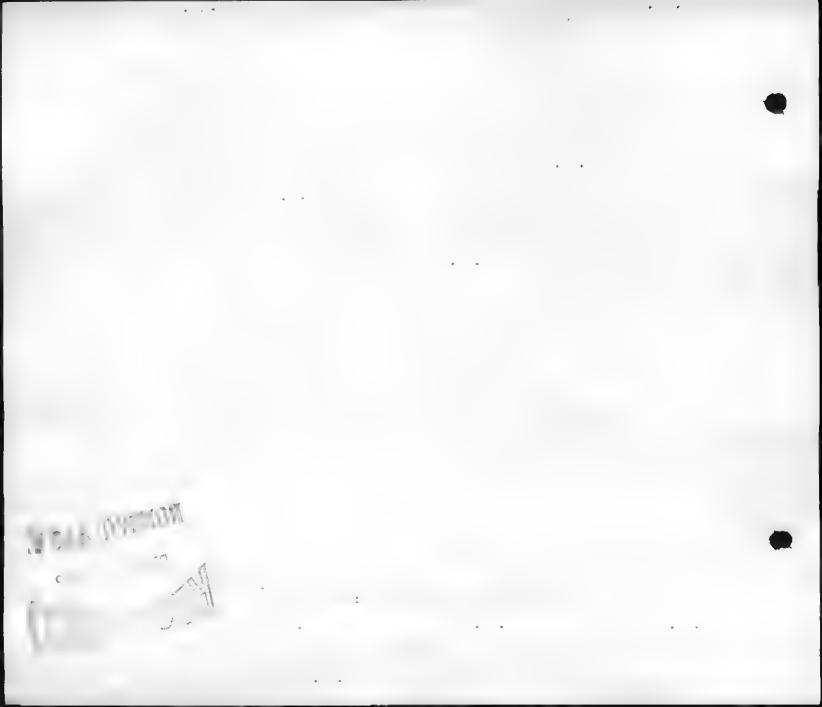
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12127 CERTIFICATE OF DEATH

215 Reg. Dist. No.

7557 Wisconsin Avenue, Bethesda, Md.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	STATE Ohio COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STA	CITY(If outside corporate limits, write RURAL and give nearest town)	
OR and give nearest town) TOWN Bethesda Rural (in this place) 4mo 18 day	B TOWN Lancaster	# A A A
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
STREET ADDRESS U. S. Naval Hospital	702 Pierce Avenue	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
11770 01 11117/	DITTOE Jr. DEATH: December	r 19 19 55
RACE: WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE last birthday Months I	
OA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner OB. KIND OF BUSINESS OR INDUSTRY: U. S. Marine C	ri. Birthplace (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John DITTOE	Elizabeth DITTOE	
s. was deceased ever in U.S. Armed Forces: 18. Social Security No. (Yearno or unk.) (If Yes, give war of the Korea Unknown of service)	Offical Records	
18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) GENERALIZA	genic Carcinomatoris	6-8 MD.
ANTECEDENT CAUSE (5)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)	LENIC CASCINOTIS	A6+. 18Me.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
198. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld; (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c, WHERE DID (City or town) (Coungr, etc. INJURY OCCUR?	ty) (State)
DF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRING While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 A	ug , 1955, to 19 Dec , 19 .55that I last	saw the deceased
alive on19 Dec	at9:41P M, from the causes and on the date	
R. B. WRIGHT LT MC USNR U. S. Nevel Hospi		- coursel Control
Burial (SPECIFY) 23 Dec 1955 Lancaster	Cemetery Lancaster, Penn	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	R4 AUNPAMphrey Tuneral Home	ADDRESS



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DECEIVED V. S. BUREAU V. S.

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	PLAI	pecially
	TE	69

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 EXAMINER'S I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL OR and give represe from) CITY (If outside corporate limits write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN TOWN mrs HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS New Hambure les Middie) 3. NAME OF (First) (Last) DECEASED: (Type or Print) DEATH 19 577 notive 6. COLOR OR 5. SEX: 7. SINGLE. MARRIED 9. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days (Specify): Widow フェスユー フッ 100 USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work dife, even if retired): House with the INDUSTRY: COUNTRY 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unk.) (If Yes, give war or dates of service) N. 6 ODD News 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONEST AND DEATH Immediate cause (a)...... DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause iast IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION: | 196. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🚱 No 🗌 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OF street, office bldg., etc., INJURY Worshing 21d, TIME (Month) (Day) (Year) (Hour) | 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR! Not while While at INJURY /2 - 25-55 work [at work Z 22. I hereby certify that I took charge of the remains described above, held an Autopsy ∕₹, Inspection □, Inquiry □, and Suicide [], Homicide [], Undetermined cause []. find that death resulted from: Natural causes [], Accident M CHIEF MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (Specify) : 100 DATE REC'D BY LOCAL ADDRESS

*S 'A .

(Day)

Days

(Year)

IF UNDER 24 HRB.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY7 YES T

ADDRESS

NO

(State)

Hours

COUNTRY?

1. PLACE OF DEATH: Montgomery COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) information TOWN Chevy Chase HOSPITAL OR clearly INSTITUTION OR STREET ADDRESS (Middle) (Last) DATE (Month) 3. NAME OF DECEASED DEATH Dec. (Type or Print) SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR COLOR OR 17. WIDOWED, DIVORCED RACE: Months (Specify): 7 every 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10A. USUAL OCCUPATION (Give kind of, 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: even if retired): Housewife Washington, DC Home Supply 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Jacques William J. Lanigan 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Charles F. Dowd IB. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes,) no, or unk.) (If Yes, give war or dates Oliver Street, Ch.Ch.Md. of service) MEDICAL CERTIFICATION ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d CAN IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PLAINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF 19A DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work 0 that I last saw the deceased 22. I hereby certify that I attended the deceased from TYPE 5, and that death occurred at alive on M, from the causes and on the date stated above. 回 LOCATION (City, town, or county) NAME OF CEMETERY OR 23. BURIAL CREMATIO **7**2 REMOVAL (SPECIF <€ Mt. Ulivet Cem. Washington PLE/ 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL Coupling Bethesda

DEC 12 1955

REAU Y. S.

PLACE OF DEATH

132 CERTIFICATE OF DEATH

eg. Dist. No. 216

2. USUAL RESIDENCE (HOME) OF DECEASED

- 1		, ,	
	COUNTY MORTIS MERY MARYLAND	STATE NEW YORK COUNTY CAC	1. LA. 7
ı	CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give near	
ı	OR end give nearest town) (in this place)	TOWN SIPOLE	
	HOSPITAL OR	STREET (If rural give location)	<u> </u>
- ţ	INSTITUTION OR T	ADDRESS	_
- 1	STREET ADDRESS 3011 TAYETTE 1090	318 WILSON ST	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Yeer)
	(Type or Print) A/SY MASIE	DEATH !) DEATH !) BE .	15 1955
ı	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE last birthday IF UNDER	TYEAR IF UNDER 24 HRS.
-1	F RACE WIDOWED, DIVORCED, ISpacify (1.) MAY	24 1888 67 yrs. Months	Days Hours Min.
- 1	10a, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS		CITIZEN OF WHAT
- 1	done during most of working life, even if OR INDUSTRY	II. BIRTHEACE ISLESS OF IOURISH COUNTY!	COUNTRY
	retired) HOUSEWIFE	NEW YOLE,	(), 3
- 1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
- 1	KOREST SOME HOOHER	ALICE PARISH STIF	F
- }	IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO.	17. ENFORMANT & ADDRESS	KC 10 - 1
- 1	(Yes, no. or unk.) (If Yes, give wer or dates of service)	Was to a strict a second	- ^: /
	NO 1 NENE	MIDS. NOWE, TWO YOUR JOH T	Tile
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
-1	· • 1	/ ; *	01
-1	IMMEDIATE CAUSE (A) 15 Imonday Cr	Dulism	3 /3 /5 .
	ANTECEDENT CAUSE(S) DUE TO	Jalana A	Press
- 1	DISEASES OR CONDITIONS, IF ANY, (B)	+ disease	1 7 2 2
- 1	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	11 1 .	4
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11, tus,	~ 7r3
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH,		no illegações
ı	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO A
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c, WHERE DID INJURY OCCUR? (City or town) (Count	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	ZIC, WHERE DID HOURT OCCUR: (City of lown)	k) śoraca
J	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED	21. HOW DID INJURY OCCUR?	
1	While my Not white my	ZII, IIOII DID MOOKI OCCOKI	
	M. et work at work		
	22. I hereby certify that I attended the deceased from		
ı	alive on 15 Decem, 1925 , and that death occurred	at A. P. M, from the causes and on the date stated	d above.
10 M	SIGNATURE	ADDRESS (Street, city, town, stell)	DATE SIGNED
Ĭ	mather him - M.O.	7654 Overgetown Rd.	15020.55
50	23/ BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	R CREMATORY LOCATION (City, town, or county)	(Sfate)
A15C	REMOVAL (SPECIFY) 12-14-55 WEG DEL	11.11 11.11 5 11.12 1 1 1	NEWYORK
× ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ADDRESS
>	ACTION AC		. /.
	DATE 2 19-60 Resculletten Rose	CARRY HASET WENTER	716 N. Carail
		H° .	NN. WITSH DE.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

The Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery STATE Md. COUNTY MONTGOMERY
CITY(If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY (If outside corporate limits, write RURAL! LENGTH OF STAY and give nearest town) and information (in this place) ' TOWN Damascus TOWN HOSPITAL OR clearly STREET (If rural give location) INSTITUTION OR Beall Ave. ADDRESS Beall Ave. STREET ADDRESS 3. NAME OF (Mlddle) DATE (Month) (Day) DECEASED Glara (Type or Print) Earl DEATH. DOC. 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday. IF UNDER I YEAR WIDOWED, DIVORCED. Months | Days | Hours (SpecMarried Oct. 1893 IOA USUAL OCCUPAT ON (Give kind of 108 KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life.

even if retired): Civil Service Comm. Employee COUNTRY Supply 13 FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Dudley W. Stewart Eleanor Bull 16 SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates Z Mr. George R. Earl, Damascus, Md I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) Acute Left Ventricular Failure hours IMMEDIATE CAUSE DUE TO Chronic Coronary Insufficiency ANTECEDENT CAUSE (8) vears DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE bue to Coronary Arteriosclerosis, Hyper-STATING UNDERLY NG CAUSE LAST vears tensive Heart Disease II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Generalized arteriosclerosis. Emphysema, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Bronchial Asthma Bell's pelsy, Rheumatoid 198. MAJOR FINDINGS OF OPERATION Arthritis 20. AUTOPSY1 NOT PL21A. ACCIDENT WAS UNDERLYING | 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY , 1955, to 12/13, 19 55 that I last saw the deceased 22. I hereby certify that I attended the deceased from 2/7 , 1955, and that death occurred at 9:40 M, from the causes and on the date stated above.

M. D. Damascus, Maryland 12/14/55 LOCATION (City, town, or county) 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Dec. 17,1955 Elmwood Waterloo. Iowa.

Olin L. Molesworth, Damascus, Md.

TYPE En

않 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1812100

CERTIFICATE OF DEATH

TAKOMA PARK 12, D.C

	14042	iteg. Dist.	110. 22.00
	1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED.	h. /.
	COUNTY MORISONERY MARYLAND		IN MON.
10	CITY (If outside conporate limits, write RURAL LENGTH OF STAY OR and give project town) (in this place)	CITY (If outside opporate limits, write RURAL an	d give nearest town)
3	HOSPITAL OR PARK YEARS	STREET (If rural give logation)	
all	INSTITUTION OR STREET ADDRESS 5/2 Julia avenue	ADDRESS 5/2 Julia agrenul	
77 7 6	3. NAME OF First, (Middle)	(Last) 4. DATE (Month) (Day)	Year)
515		KSTEIN OF DEATH: Wec. 12	
117 88.47	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): 5 ungle Mey	OF BIRTII: 9. AGE last birthday. IF NDER I YE 85 yrs. Month Da	
7	10a. USUAL OCCUPATION Give kind of 10b. KING OF BUSINESS OR work done during most of working hie. INDUSTRY:	II. BIRTHPLACE (State or foreign country). 12. C	ITIZEN OF WHAT
E .	CAPITOL TRANSIT CO	BALTIMORE, Md.	U.S.A.
7	William J. Cekstein	14. MOTHER'S MAIDEN NAME:	
-		MAS BAVIALE	-
3	(Yes, no or unk.) (If Yes, give war or dates of	S. DONALD M. SMITH, TAKOMA PAN	an Mil
117/	18. MEDICAL CERTIFICATION	ON	Interval Between
S D	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11/14	Onset And Deat
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Immediate cause (a) Crogsles	is Heart Failure	/ wy
	Antecedent causes (s)	1 - 1 - 2 - 4 - 4	
	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last.	- seewares	
2	stating the underlying Cause labt.		
G L	11. OTHER SIGNIFICANT CONDITIONS	1 3 = 14 . /	8 Years
11:	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	at rock of ferming	20. AUTOPSY ?
123	The sale of the sa	·	Yes No P
nDo	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	TATE:
11	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	Tolow DID INJURY OCCUR?	my -
	OF While at Not While INJURY m. Work At Work	now bib injoint occor.	water
Dec.	22. I hereby certify that I attended the deceased from Fall	0.,19 54, to De. /2, 1955, that I last	saw the deceased
es	alive on Q × 10 , 19) and that death occurred at	5:00 AM from the causes and on the date s	
41 12	SIGNATURE (Dogree or title)	ADDICESS	C 12 (8'5'S
ಕ್ಷು ಕ್ಷ	23. BURIAT CREMATION I DATE THEREOF . I NAME OF CEMETER	RY OF CREMATORY LOCATION CLUB ROWN, OF COL	inty) (State)

Congressional

3 1 11



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	E /	12078 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 223-
1	ully	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
	caref	COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) Takoma Park AMARYLAND (in this place) 24 443.	STATE Md. COUNTY MODE CITY(If outside corporate limits, write RURAL OR TOWN Takoma Park	and give nearest town)
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 7114 Jackson Ave	STREET (If rural give location ADDRESS 7414 Jackson Ave) 1
	inf oc		(Last) 4. DATE (Month)	(Day) (Year)
	of eatl		ngeberg OF DEC.	4 19 55
		F White Specify: Married 7-25-	Of BIRTH: 9. AGE last birthday Ir UNDER (Ol yrs. Months	Days Hours Min.
4G	every	tOA. USUAL OCCUPATION (Give kind of tOB KIND OF BUSINESS work done during most of working life, even if retired): HOUSEWIFE	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN	Supply te the c	Andrew Stall	Susie Ellefson	
FOR B	INK. Suse write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Record	
MARGIN RESERVED FOR	DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
8		IMMEDIATE CAUSE (A) Manie	tion	Terminal
ES3	TH UNFA	ANTECEDENT CAUSE (\$)		
24	U U	DISEASES OR CONDITIONS, IF ANY. (B) Melasla	us of Caremona	8 mos
KGIN	-	STATING UNDERLYING CAUSE LAST. (C)	min Ath. Cloud	Our Hogal
IA.	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		The general
Σ	LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	AINL	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
	- 2	4-11-55 / Adenocarcinoma of Ascendi		YES NO
80	/RITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
•	R WR	OF INJURY OF INJURY		
	O. See	22. I hereby certify that I attended the deceased from3-2	7-, 1955, to Dec 4, 1955, that I las	t saw the deceased
alive on /2-4, 195, and that death occurred at 33 7, M, from the causes SIGNATURE			D. Takowa Park Med	stated above. TE SIGNED
A15 —	PLEASE	23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMET, REMOVAL (SPECIFY) DIC 7. 1955 SW LINES	Cently Price Ses. Co.	or country (State)
SS SS	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955	Garthur Galters, 254 Carro	LAVIW. UC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12103

12135 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Montgomery Mary	LAND STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL LENGTH C	OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (In this	TOWN
TOWN Silver Spring 3 yr	rs. Silver Spring
HOSPITAL OR	STREET ((Il rurel give location)
INSTITUTION OR STREET ADDRESS 7 00 3 0 Harmood Enfire	ADDRESS /
TONIO HAYWOOD DIIVE	10210 Haywood Drive
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	DEATH D
ORTHORIUM A.	Fallon Dec 22. 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
F WIDOWED, DIVORCED, (Specify) WICOWED	Sept. 29, 1874 81 yrs. Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINE	SS II. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
nousewile	New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick T. Berry	Maria Flanagan
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	
18. ME	EDICAL CERTIFICATION NTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Careino	one / (- from 8-12. ms
0111	// 00-00-0
AMEGEDEN CAOSES	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DAYS TO	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISFASE OF CONDITION CAUSING DEATH	
190. DATE OF OPERATION 1 196. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
198. DATE OF OPERATION 198. MAJOR PRODINGS OF OPERATIO	YES NO D
Of A COUNTY HAVE IN INCOME. TO I AND ALL OF THE	
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, larm, fector of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCC	
	ot while
22. I hereby certify that I attended the deceased from	July 1955 to 22 Dec, 1955, that I last saw the deceased
	occurred at 5.3 / 0 PM, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Occoler & Class	700 California Cl. Als
yoursain D. Cary	M.O. Lacuer Thing my 220ccs5
23. BURIAL, CREMATION, DATE THEREOF NAME OF	CEMETERY OR CREMATORY LOCATION (City, town, for county) (State)
	Olivet Cemetery Washington D. C.
24. REC'D BY REGISTRAR REGISTRAR > SIGNATURE	Olivet Cemetery Washington D. C.
AT ALCO DE REGISTRAR S SIGNATURE	25. FORENCE DIRECTOR & STORY 3003 1414 CT 4 37 W
DATE OCC: 4, 05 names , 50	Trancis J. Collin 3821 14th. St. N. W.
	/ // Wash. D. C.

MARGIN RESERVED FO

TYPE

PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
12138				· ·	

	19190	NT OF HEALTH—BALTIMORE, 18 1211)4 E OF DEATH Reg. Dist. No.2.6			
ıbly.	1. PLACE OF DEATH.	2 USUAL RESIDENCE (HOME) OF DECEASED:			
and legibly.	COUNTY MONTGOMERY CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN De the Soa	STATE D. C. COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.			
clearly	HOSPITAL OR The Clinical Center INSTITUTION OR BETHESDA, Maryland	STREET (If rural give location) ADDRESS 16 Seaton Place, N. E.			
death cle	3. NAME OF (First) (Middle) DECEASED: Helen Marie Fis.	(Last) 4. DATE (Month) (Day) (Year)			
10	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	28, 1917 9. AGE fast birthday if under I year if under 22 Hrs. Months Days Hours Min.			
causes	iOA. USUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS work done during most of working life. even if retired): Housewife	District of Columbia U. S. A.			
	13. FATHER'S, NAME:	14. MOTHER'S MAIDEN NAME:			
e c	John Miller	Marie Graham			
se write the	(Yes, no, or unk.) (If Yes, give war or dates Not available	The Medical Record, The Clinical Center			
please	18. MEDICAL CERTIFICATION OF DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH			
เลกร	IMMEDIATE CAUSE (A) ANTECEDENT CAUSE (B)				
. Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	un of Carin Caridania			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	the of the regulation of			
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION Hage IV Mayor	20. AUTOPSY? YES NO			
especially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (1) EITHER, NOTIFY MEDICAL EXAMINER)				
is esi	OF INJURY OF INJURY OF M. OF INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?			
8 86	alive on Dec. 7, 1955, and that death occurred at	3, 1955, to Dec7., 19 55 that I last saw the deceased t 2:25A M, from the causes and on the date stated above. ADDRESS DATE SIGNED 12/7/			
correct	23. BÜRIAL, CREMATION. OATE THEREOF/ / NAME OF CEMET	M. D. The Clinical Center, NIH, Bethesda, Md. FERY OR CREMATORY LOCATION (City, town, or county) (State) Mem. Cemetery Suitlend, Md.			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	John Stewart 30 H Street, N.E			

SEE IS 1955

REAU V. S.

12079 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

No. 21,2

ATTATION A.T.	TOVAMINIDOS	CERTIFICATE	OT	TATE A STOLE
	BXAVIINBR'S		OK.	DEATH

ct	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
orre	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 275
e	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The	COUNTY MARYLAND STATE D.C. COUNTY	
carefully. and legibl	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nevest to(n)	give nearest town)
41	INSTITUTION OR STREET ADDRESS AS NAME OF STR	St.N.W
rmatio clear	DECEASED: (Type or Print) OF DEATII DECEATII DECEASED: OF DEATII DECEATII DECEAT	(Year) 19 5 5 KAR IV UNDER 24 HRS.
of information f death clearly	RACE; WIDOWED, DIVORCED, (Specify): 5/19/C (Specify): 5/19/C (Specify): 5/19/C (Specify): 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	Hours Min.
g 0	work done during most of work life, INDUSTRY: even if retired): Accountant U.S. Govt. Mass.	COUNTRY!
	13. FATHER'S NAME:	
y every the cau	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	
7	(Yes, no, or unk.) (If Yes, give war or dates of Yes service) 412-46 Mr. Vincent Galvin, 310 Mi	in St.
Supply write	18. MEDICAL CERTIFICATION Winchest	EF, Mass. Interval Between
. 7 (0)	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
INK	Immediate cause (a) Fracture of Skull, thoracic hemornhage	Sudden
UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, (b)	
'AI icis	giving rise to the above cause DUE TO stating underlying cause last	
NF	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
Y, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY!
M d	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County)	Yea No (State)
=	PRIMARY To or CONTRIBUTING OF street, office bidg., etc., CAUSE OF DEATH. INJURY FURTHERED OF STREET, office bidg., etc.,	my
PLAIN pecially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While at Not while injury/2-2-55 . 2:0 A M. work at work of Line of	g haveny
PL.	22. I hereby certify that I took charge of the remains described above, held an Autopsy p, Inspection [],	
TE:	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter, CHIEF MEDICAL EXAMINER	
WRITE ge is es	Denumy Munical Evantum C	/2 - 2 · J·J·
ES.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con REMOVAL (Specify): 12-2-15 New Calvery Cemeter Doctor, West	enty) (State)
EA	DATE RECD BY LOCAL REGISTRAR'S SIGNATURE / 21 TUNERAL DIRECTOR 3.7 P.	ADDRESS
PL	VREG. 2-1950 Fy, Jon 1271 Same T. Byon one Work	3.65

VS. A15A - 5 - 53

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N RESERVED FOR BINDI	UNFADING
ARGIN	WITH UNE
M/	PLAINLY,
	WRITE PLAI
	E OR
10 - 53	TYPE
A15 — 10	PLEASE TYP
VS.	PI

	STATE DEPA	RTMENT OF	HEALTH-BALTIMO	RE,	18	
12137	CERTIF	CATE OF	F DEATH	Reg.	Dist.	No.

121116

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
210	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery	
à	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)	
	OR and give nearest town) (in this piace) TOWN Bethesda 3 days	Town Bethesda	
¤	HOSPITAL OR	STREET (If rural give location)	
clearly	INSTITUTION OR The Clinical Center	ADDRESS 5200 Chandler Street	
i e	Bethesda, Md.		
		(Last) 4. DATE (Month) (Day) (Year) 55	
nearn	(Type or Print) Malazabeth Punson day	DEATH: DOOR 219	
IO	DAGE WIDGHED DIVORCED	22, 1876 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 79 yrs. Months Days Hours Min.	
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): None	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
rue	David Munson	Julia Kimbal	
17e	15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
M.	(Yes, no, or unk.) (If Yes, give war or dates Not available	The Medical Record, The Clinical Center	
en en			
ns: pre	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) MANUAL (A)	alal duhanter 5 days	
ysicians	ANTECEDENT CAUSE (8) DUE TO	1 . 1/	
381	DISEASES OR CONDITIONS, IF ANY. (B)	eluch / ega) m.	
5	STATING UNDERLYING CAUSE LAST.	- Dr. +	
2	(c) Mull	es milles 10 mg.	
portan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
řΫ	DISEASE OR CONDITION CAUSING DEATH.		
E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	ZO. AUTOFSTY	
5	-	AEB X NO	
eciali	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
13 esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 24 19.55 to Dec. 27, 19 55 that I last saw the decea			
p0	alive on Dec. 27,, 1955, and that death occurred at		
LL CJ	SIGNATURE	ADDRESS DATE SIGNED	
correct	Enil (+111 TTT M	17.28.55	
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)	
	Burial 12-30-35 Ouleout Ve	Delaware Co., New York	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 14 FUNERAL DIFECTOR ADDRESS	
	AGGISTRARY-55- Barris M. P. hara	Kohell Comphrey Bethesda, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 correct CERTIFICATE OF Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery and legibly. COUNTY MONTE. COUNTY STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY carefully. oR and give nearest town)
TOWNSIIVER Spring (in this piace) TOWN Silver Spring HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS Indian pring Drive clearly information 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) (First) OF DECEASED: Isabelle Gibbs DEATH: Dec. 19 (Type or Print) death 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX: COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: WIDOWED, DIVORCED Months: Days Hours Female (Specify): of or foreign country): |12. CITIZEN OF WHAT IOA. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR (State COUNTRY? work done during most of working life, INDUSTRY: item even if retifed): me causes 13. FATHER'S NAME: 14. MOTHER'S MAIDEN MAME every 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of Supply service) write MEDICAL CERTIFICATION MARGIN RESERVED Intervai Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please × (a) Immediate cause DUE TO ADING Antecedent causes (s) Physicians: Diseases or conditions, If any, (b) giving rise to the above cause stating the underlying cause last. DUE TO UNE OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Metasta related to the disease or condition causing death. WITH important. AUTOPSY 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes PLACE (Home, farm, factory, street, office bldg., etc.) ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) (Specify) AINLY, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED especially HOW DID INJURY OCCUR? OF While at Not While INJURY At Work [Work | 22. I hereby certify that I attended the deceased from July 1955, that I last saw the deceased [1] alive on My from the causes and on the date stated above. and that death occurred at ... RIT SIGNATURE (Degree or title) DATE SIGNED! BURIAL CREMATION, REMOVAL (Specify) THEREOF (State) A NAME OF LOCATION (City). town. of county S / Juriar DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

DEC 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	The	CERTIFICATE OF DEATH Reg. Dist. No. 2-2-3
	illy.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
M	carefull legibly.	COUNTY Privilly MARYLAND STATE MANUALS COUNTY MINT 47 ALVANS
	car leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
	tion	OR and give nearest town) (in this place) OR TOWN Jake (For h
	y a	HOSPITAL OR
	item of information of death clearly and	STREET ADDRESS 42 1/40 4 1/40 1/40 1/40 1/40 1/40 1/40 1/
	f in	3. NAME OF (First) / (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED:
_	m of i	(Type or Print) //artha Willia Kibseri DEATH: 12 13 19,5
I	_	5. SEX. 6. COLOR OR 7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wilder 5 Jyrs. Months Days Hours Min,
(2)	every	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY:
ž		even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
BINDIN	Supply te the c	
BII		13, WAS DECEMBED EVEN IN U.S. ARMED FORCEST / 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:
FOR	INK. se wr	(Yes. no, or unk.) (If Yes, give war or dates) (Yes. no, or unk.) (If Yes, give war or dates)
-		18. MEDICAL CERTIFICATION INTERVAL BETWEEN
E	ING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
3R	AD s:	IMMEDIATE CAUSE (A) Bronchopneumonia / day
RESERVED	TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)
	42	DISEASES OR CONDITIONS, IF ANY, (B) WREMMA d days
Z	TH	STATING UNDERLYING CAUSE LAST. DUE TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MARGIN	WITH it. Phy	(c) Chronic yelonephrus years
MA	55	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	IN Log	DISEASE OR CONDITION CAUSING DEATH. JOHN DICTION 194, DATE OF OPERATION; 1 198, MAJOR FINDINGS OF OPERATION
	-	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO
-		21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH (IF SITHER, NOTIFY MEDICAL EXAMINER) (State)
•	100	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work
	O.F.	22. I hereby certify that I attended the deceased from Nov. 26, 1955, to Dec 13, 1955, that I last saw the deceased
50		alive on Dac. 12, and that death occurred at 3/7aM, from the causes and on the date stated above.
10		Edmund L. Burnext M. 07701 Carrall and . T. F. Md. 12-13-55
15	02 0	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
¥	PLEA	(DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 24. FUNERAL DIRECTOR ADDRESS
S	100	REGISTRARY +175 THIRSON FOR IL VERY JUNEAR HOUR 1810. De 110, YC



BUREAU V. S.

DEC 12 1922



DEVISES.

or Diet No

	CERTIFICATE OF DEATH Reg. Dist. No.
Ŋ.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
d legibly	COUNTY MONTGOMERY MARYLAND STATE MARYLAND COUNTY MONTGOMERY CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place) OR and give nearest town) OR STATE MARYLAND COUNTY MONTGOMERY CITY (If outside corporate limits, write RURAL and give nearest town) OR STATE MARYLAND COUNTY MONTGOMERY CITY (If outside corporate limits, write RURAL and give nearest town)
bug /	TOWN BETHESDA 81 days TOWN DIVER STREET (If rural give location)
clearly	STREET ADDRESS NATIONAL TASTITUTES OF HEALTH 823 GIST AVE.
death c	S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) DOROTHY C. GOLDSTEIN OF DEATH: 12 10 1955
of	5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): MARRIED, S. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Windows Min. 1. Specify: MARRIED, S. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 14 HRS. Hours Min.
the causes	10A USUAL OCCUPATION (Give kind of top kind of work done during most of working life, even if retired): HOUSEVIFE OR INDUSTRY: 10
please write the	CHARLES CHUSMAN MOLLIE TOTWEEN
	18. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 18. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS: ADMISSION RED OF D
	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH
ians:	IMMEDIATE CAUSE (A) CARCHNEMA OF THE STOMACH I MEAN ANTECEDENT CAUSE (8) DUE TO
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
ıţ.	(c)
important.	TO THE DEATH BUT NOT RELATED TO THE EMBOLUS RT. FEMORAL ARTERY DISEASE OR CONDITION CAUSING DEATH.
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 196-55 LAPAROTOMY WITH JEJUNOS TOMY YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
13 631	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work
න ආ	22. I hereby certify that I attended the deceased from FPI, 1955, to DFC, 1955, that I last saw the deceased
	alive on DEc. 10, 1957, and that death occurred at 7.47 P.M., from the causes and on the date stated above.
correct	SIGNATURE The relation on D. L. JOHN L. FAHEY, DADDRESS BETHES DA MAD DATE SIGNED
00	23. AURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS OF

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



BINDING

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	12112
12'40 CERTIFICATE OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH: 2 USUAL RESIDENCE (HOME) OF DECEASED:	/
COUNTY MONTGOMERY MARYLAND STATE NEW YORK COUNTY	rv.
Crips: (14	
OR and give nearest town) STOWN SETHESD A CITY (If outside corporate limits, write RURAL LENGTH OF STAY) OR TOWN SETHESD A CITY (If outside corporate limits, write RURAL and OR TOWN) TOWN SETHESD A	
HOSPITAL OR STREET (If rural give location)	
STREET ADDRESS NAT'L INST. HEALTH ADDRESS 32 S. (COODMAN)	ST
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) MURRAY (TOULD) DEATH: DEC. 23	? 19 <u>5 J</u>
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, OSpecify): Single, MARRIED. S. DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 YE Months Day 19 yrs.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): STUDENT INDUSTRY: 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
HYMAN (TOULD I IDA KOKIS	
15 WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, np, or unk.) (If Yes, give war or dates of	
service) service) PRIOR TO	DEATH_
18. MEDICAL CERTIFICATION	T. J. W. J. Baturan
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
Immediate cause (a) MALIGNANT MELANOMA DUE TO	2 YRS.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?

						Yes 🗌	No
21.	ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
	TIME (Month) OF INJURY	(Day) (Year)	(Hour) INJURY OCCURED While at Not While m. Work At Work	HOW DID INJURY OCCUR?		-	
2	2. I hereby cer	rtify that I at	tended the deceased from AVG. 12	,1955, to DEC. 23 1	91.5°, that I	last saw the d	eceasec

alive on DEC 22, 19 7.5, and that death occurred at .8. .., from the causes and on the date stated above.

ADDRESS

DATE SIGNED(

CEMETERY

NAME OF

BURIAL, CREMATION, REMOVAL (Specify) 6 DATE REC'D BY LOCAL REGISTRAR

DATE

THEREOF

Damaunk 24.

LOCATION (City, town, or county

(State)

ADDRESS

DECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	- 7	12 [4] CERTIFICATI	E OF DEATH Reg. Dist	. No. 215
	carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	O:
The same of	carefull legibly.	county Montgomery MARYLAND	STATE Virginia COUNTY Spots	vlvania
		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL s	
143	tion	X TOWN Bethesda Rural (in this place) One month	TOWN Fredericksburg	1 1 2 2
	Jat V	HOSPITAL OR	STREET (If rural give location)	
	nforma	STREET ADDRESS U. S. Naval Hospital	320 Forbes Street	/
	in h c	DECEACED.		Day) (Year)
	m of death	(Type or Print) Douglas Lynn	Hall OF DEATH December	
	every item of information auses of death clearly and	BACC. WIDOWED DIVORCED	gust 1955 9. AGE last birthday Jr DNOKE TO Months	Ays Hours Min.
	ery	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
· 25		work done during most of working life, even if retired): None None	Virginia	COUNTRY? US
	e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN	Supply te the c	Judson Anderson Hall	Lillian E. Treland	
BI	K. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS:	
N.	K. ¥	(Yes, no, or unk.) (If Yes, give war or dates None	Judson Anderson Hall, 320	Forbes St.,
D FOR	IN Se	***	Fredericksburg, Virginia	
	NG	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
. ₹	ADING s: plea	ost is of	2. 4.	ONDE! AND DEATH
四	A]	IMMEDIATE CAUSE (A) With the true	file to filter re-	
RESERVED	TH UNFA	ANTECEDENT CAUSE (8)	20 21 (V 1/1: 1.	
	U	DISEASES OR CONDITIONS, IF ANY, (B)	af Hart Millace	
Z	HT d	STATING UNDERLYING CAUSE LAST. DUE TO	2 / 1 / E	
RG	WITH t. Phy	(c) fette to	Derivettele tetes	
MARGIN	~ 60	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
1000	I. I	DISEASE OR CONDITION CAUSING DEATH.		
	AINLY	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N The state of the	20. AUTOPSY?
	. 7			YES NO
	E .	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
T	WRIT	OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?	
	107	M. at work at work		
	0 0	22. I hereby certify that I attended the deceased from 3 De	c , 19 55, to 3 Dec , 19 55, that I last	saw the deceased
52	년 왕	alive on 3 Dec 1955, and that death occurred at		stated above.
1	TYPE rect ag	SIGNATURE	ADDRESS DAT	TE SIGNED
10	-	J. M. STOUTHAN XII. MIZICUSNR, U. S. Nava	lo Hospital, NNIC, Bethesda, Mar	yland
10	S		ERY OR CREMATORY LOCATION (City, town, or	
A15	PLEASE	Burial 7 Dec 55 Church of O	ur Saviour Cem. Montpelier, V	irginia
	PL	DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
>		3 December 1955 mary 6 tarrely	J. C. Flynn Funeral Home, Bea	ver Dam, Va.

S'A ATTUME

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Tursh D.O.

	Maret	and Comments		Local Dist	· it Chiques Stroke for consumous
I. PLACE OF DEAT	TH:	Levy Chase MARYLAND	2. USUAL RESIDENCE	HOME) OF DECEASED.	NTY .
	Diedaor Mil		1 aver	and	1/
OR give neare	corporate limits, write at town)	RURAL and LENGTH OF S	CITY (If outside cor.	porate limita, write RURAL an	d give nearest town)
TOWN		1 -Mome	TOWN CALLED	y charefull	e X
HOSPITAL OR INSTITUTION	OR		STREET ADDRESS AND X	(If rural, give locatio	*
* STREET ADDR	ESS		11 0.21	ro (selar) so ve	utreg
3. NAME OF DECEASED	(First)	(Middle)	LL A (Lant)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JESSIE	FRENCH	NAMILTON	DEATH JEC.	1955
6. SEX	6. COLOR OR RA	CE 7. SINGLE MARRIED WIDOWED DIVORC	ED. S. DATE OF BIRTH	9. AGE last hirthday If us	nder 1 year If under 24 hrs. http://dx.mid.er.
10a. USUAL OCCU	PATION (Give kind of	work 10b. KIND OF BUSINESS	OR 11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZAN OF WHAT
done during most of	working life, even if re	tired) INDUSTRY	K-ee rie	N.H.	COUNTRY?
13. FATHER'S NA	ME	7	14. MOTHER'S MAID	EN NAME	· · · · · · · · · · · · · · · · · · ·
/:	forace	7. Level	Marin	ATINLY	
	EVER IN U.S. ARMED I		O. 17. INFORMANT AN	D, ADDRESS	1 , 1.
(1 as, no, or unknown	(If yes, give war or service)	dates of L	I cha dotte	terres - 561	O Cirkay, filly
***		18. MEDIC.	IL CERTIFICATION		
L DISEASES OR C	CONDITIONS DIREC	TLY LEADING TO DEATH	,		INTERVAL BETWEEN ONSET AND DEATH
1, 1	1	0 4'	The large is		CHARL AND DEATH
Ímmedia	ité cause	(1) Congestive	- TORY FALLUN	2	No. of the Art Polymer or an Administration of the
	ent cause(s)	1 toviacolor	aria Cohamaril	letery obsease	Mean
giving rise	to the above cause	B) Comous Server	our town	There are	e. Herysonia
stating the	underlying cause last	(6)	1.01 1 10.0	OF LIST T	1 0
11 OTHER STORIES	FICANT CONDITIO	6 VOOLY MEANE	200 / Talling	How At-to	,
Conditions contril	huting to the death hu	not (4	
	ease or condition causin	JOR FINDINGS OF OPERATI	10 1 V	y V -	
192. DATE OF OF	ERATION 190. MA	JOR FINDINGS OF OPERATI	ON /		20. AUTOPSY?
21. ACCIDENT	(5) (4-2)	DI ACID (SI formation	· · · · · · · · · · · · · · · · · · ·	TO THE STATE OF TH	Yes No B
SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, a OF office bldg., etc.) INJURY	treet, (CITY O	R TOWN) (COUN	TY) (STATE)
TIME (Month)) (Day) (Year) (H	our) INJURY OCCURRED While at Not While	HOW DID INJURY	OCCUR?	
INJURY		m. Work At work [
40 7 1 7	44 3 4 7 10 1	1.11	7 1	. 4	
22. 1 hereby cer	tily that I attend	ed the deceased from KUN	k(, 1921, to ADER	J_{α} , 19.2.2, that I las	st saw the deceased
alive on day	2012 miles 7 19.5	, and that death occurred	at 2 P. m from t	he causes and on the date	a stoted above
SIGNATURE	772	(Degree or title)	ADDRESS	f:	DATE SIGNED
0	V/)	and the	20001 006	Disco di Arros	H ITEN
at a contract contract	time, you	HOTH III IL.	3232 700-	The state of the	K 30, 1 100
23 BURIAL CRES	MATION DATE TI	NAME OF GEN	SETERY OR CREMATORY	LOCATION (City, town, or o	ounty) (State)
	1/2.	APIS SIGNATURE	(FIE)	1 "Lect-6, 2" - C	
DATE REC'D BY	LOCAL KEGISTI	AR'S SIGNATURE	24. FUNERAL DIREC	TOR	ADDRESS
12/ -1	5 Blds	ul sis troubles	26 Million	LIOZ) UME	173612 Sulle

VS. A15

X		MARYLAND STATE DEPARTMENT OF I MEDICAL EXAMINER'S CER		Reg. Dist.
	cor	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	. lue	MONTH O OF FEDER	STATE ILLINOIS COUNTY COOK	
	. 6	COUNTY MUNTGOTHERY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town)
=	carefully. The and legibly.	OR and size perset town ING 1 (in this place)	TOWN CHICAGO	1x-0
	y and	HOSPITAL OR -INSTITUTION OR STREET ADDRESS B. & O. RAILROAD STATION	STREET (If rural give location) ADDRESS 4130 NORTH LAWLER AVENUE	
3	death clearly	2. NAME OF (First) (Middle) DECEASED: (Type or Print) HARRY MICHAEL HARNICK	(Last) 4. DATE (Month) (Day) OF DEATH DECEMBER 4.	
	eath	RACE: WIDOWED, DIVORCED,	e OF BIRTH: 9. AGE last birthday: IF UNDER I YE H 17.1886 69 yrs. Months Day	
Ď.	o fi	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Dentist (retired) Dentistry	R 11. BIRTHPLACE (State or foreign country): 12. (CITIZEN OF WHA
E:	item ises o	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	3,2,1
Z	cau	MICHAEL HARNICK	ANNA UNKNOWN	
떭	ply every iter e the causes	(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: (CHICAGO, ILI ESTHER K. HARNICK, 4130 NORTH LAWLI	
	Supple write	18. MEDICA	AL CERTIFICATION	INTERVAL BETWEEN
A E		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	* '	ONERT AND DEATE
RESERVEN	INK.	Immediate cause (a) Comany oscie	week	cudatur.
्रेष्ट	ᆲᄤᅵ	DUE TO		
24	7 H	Antecedent cause(s) Diseases or conditions, if any, (b)	10 4 3 11 4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Z	Gia l	giving rise to the above cause DUE TO		
ARGIN	UNFADIA Physician	stating underlying cause last (c)		
MA	유수 전립	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Reputing DISEASE OR CONDITION CAUSING DEATH	a trait that a trait	
	LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
	inp,	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY	, 21c. (City or town) (County)	(State)
•	E PLAINLY especially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while in Not work M. M. Work □ at work □	21f. HOW DID INJURY OCCUR?	
	3pe	22. I hereby certify that I took charge of the remains describ	ped above, held an Autopsy [], Inspection [],	Inquiry 🙀 , an
	E E	find that death resulted from: Natural causes , Accid	dent □, Suicide □, Homicide □, Undeterr CHIEF MEDICAL EXAMINER □	mined cause [] DATE SIGNED
20	WRITE ge is es	From & Bronetract	DEPUTY MEDICAL EXAMINER	12-5-55
1	ASE	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DEC. 5.1955 ROSEMONT CEME		
FOT	EE.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS MARVI AND



Geo. Wash. Mem. Cemetery

FUNERAL DIRECTOR

REGISTRAK'S SIGNATURE

REC'D BY LOCAL

Prince George County, Md.

une 6 Tumphry Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 12116

Z .V UNILL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CYTEN TOWART AND	OF TAXABLE	TANAN TARRESTIENTAR	O.E.	TENANTALIE
12144	CIPI	STIFIC ATTE	OT	TARAT

Reg.	Dist.	No.	216	2

,			LW 122 CERTIFICATE O	OF DEATH Reg. Dist	. No. 2/6.
	carefully	<u>.</u>	1. PLACE OF DEATH 2.	USUAL RESIDENCE (HOME) OF DECEASE	D·
7	ref	and legibly	COUNTY Montgomery MARYLAND	STATE MARYLAND COUNTY MOY	Harmery
		9	CITY (If outside corpolate limits, write RURAL, LENGTH OF STAY)	CITY. If outside corporate limits, write RURAL a	
	tion	<u> </u>	TOWN Bethesda 29 kms.	TOWN Rockville	
1	JE -	<u> </u>	INSTITUTION OR	STREET (If rural give location)	
(information	clearly	7, STREET ADDRESS Juburban Hospital	1625 Lewis Ave	nue
	of in	, I	3. NAME OF (First) (Middle) (Last) DECEASED.	OF T	Day) (Year)
	0 T	death	(Type or Print) 120by 150y Heller 5. SEX. 6. COLOR OR 1. SINGLE, MARRIED. 8. DATE OF	BIRTH: 9. AGE last birthday (IF UNDER)	7 19 3 3 3
	ite.	ö	RACE: WIDOWED, DIVORCED,		nys Hours Min.
			10A, USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11.	BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
To	ev	causes	work done during most of working life. OR INDUSTRY:	MARYLAND	COUNTRY?
	ply	the c	13. FATHER'S NAME: 14.	MOTHER'S MAIDEN NAME:	JE DE DE
Z	Supply	e t	Bruce Albert Heller	Edythe Lorraine ?	DeLarco
E ~	1 02 ; ! s.i	write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS SOCIAL SECURITY No. 17.	INFORMANT & ADDRESS:	
Ę.	INK	9	(Yes, no. or unk.) (If Yes, give war or dates None	Mother. Item 2	
MARGIN RESERVED FOR BINDING	ÿ.	please	18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
¥ 5	DING	- 1	17/ 4		ONSE! AND BEATH
五	F.	ns:	IMMEDIATE CAUSE (A) Provelage DUE TO	musuona	- days
2 E.S	CNF	1018	ANTECEDENT CAUSE (8)		2
Z	Η.	Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	mu lefteres	
25	WITH		STATING UNDERLYING CAUSE LAST.	*	
A		ant	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 1 11	
2	ILY	OOT	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ricular (left tature) Kenin	Maci
	AINLY	important,	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	mortua tifullyorois	20. AUTOPSY?
	4	<u>></u>		Physical	YES NO
	RITE	especially		21c. WHERE DID (City or town) (Count INJURY OCCUR?	ty) (State)
	W.R.	est	OF INJURY While Not while	IF. HOW DID INJURY OCCUR?	
	p4 :	₩2 - 174	M. at work at work		
	0	9	22. I hereby certify that I attended the deceased from Dec. 15	19.54 to Dec. 17, 1955, that I last	saw the deceased
- 53 53	0.	t a	alive on Dec. 16., 1955, and that death occurred at 7	A.M. from the causes and on the date	stated above. re signed
2		correct	-3/12/ . M.O.S.	uburlown Host Belluster	1.18 17D4
5 1		00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	OR CREMATORY LOCATION (City, town, or	county) (State
A	PLEA		Burial 12-20-55 Arlington Nation		ginia
υż	<u>p</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A JUNERAL DERECTOR	ADDRESS
2.	w' =,		12-21-00 Benie M. thomper of	15 My Mounty Grands City	esda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

V	12145 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 215				
A	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) O	F DECEASED:				
legib	COUNTY Montgomery MARYLAND	STATE California OUN	TY				
d le	CITY (If outside corporate limits, write RURAL LENGTH	OF STAY CITY(If outside corporate jimits, we place) OR					
and	X TOWN Bethesda Rural 20 da		4 7				
r.	HOSPITAL OR INSTITUTION OR	ADDRESS	give location)				
clearly	STREET ADDRESS U. S. Naval Hospital	264 Soledad D	riv <u>e</u> ✓				
45	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (M	Ionth) (Day) (Year)				
death	(Type or Print) Rebecca Haile	DEATH:	December 5 19 55				
**************************************	5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	B DATE OF BIRTH: 9. AGE last birthda	Months Days Hours Min.				
causes	OA USUAL OCCUPATION (Give kind of 10B KIND OF BUS work done during most of working life, OR INDUSTRY:		untry): 12, CITIZEN OF WHA				
an s	even if retired): Housewife Housewife	Maryland	COUNTRY?				
the (13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	, 00				
E E	LeRoy H. Haile	Rachel L. STABLER					
write	IS, WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURI	TY No. 17. INFORMANT & ADDRESS:					
(a)	(Yes. no. or wink.) (If Yes, give war or dates NO of service) Husband Harvey S. HENNING Same as above						
ease	NO of service) - Unknown Same as above						
Ta.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
	24/X IMMEDIATE CAUSE (A) Left Lance Primama						
ian	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. CIVAR PIST TO THE ABOVE CAUSE (A) DUE TO DUE TO DISEASES OR CONDITIONS, IF ANY. (B) OUTPUT (B) OUT						
sic	DISEASES OR CONDITIONS, IF ANY. (B) QUYE	e Brouched asthur	4m.				
Physicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.						
4	(C)						
, <u>E</u>	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
Ö	DISEASE OR CONDITION CAUSING DEATH.						
importmut.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?				
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, o	farm, factory. 21c WHERE DID (City or town)	(County) (State)				
bec	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
is es	OF INJURY OF INJURY M. 21E INJURY While work at work at work	while					
5 .	22. I hereby certify that I attended the deceased from 15 Nov , 19 55 to 5 Dec , 19 55 that I last saw the deceased						
1	alive on 5 Dec , 1955, and that death occur	urred at 7:19M, from the causes and or	the date stated above.				
rec	SIGNATURE CAMPULATION	ADDRESS	DATE SIGNED				
currect	A. J. CAPPELLETTI LT. MC. USNR. U. S.	Naval Hospital, NNMC, Bethese F CEMETERY OF CREMATORY LOCATION (C	OB, Maryland City, town, or county) (State				
d	REMOVAL (SPECIFY)	ut Grove Cemetery Jacksonv					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Burns and Sons Funera					
	6 Dec 1955 Day 6 tass	Burns and Sons Funera Towson, Maryland	T Home				

VS.

RESULVED FOR BINDING

Harris La Carlotte Comment

• 4 5

DEC

Catient seen for Dr Lee Snow who was regularly in attendince but who was out of town at time of death. Raymond Bradshaw, MO.

12120

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 217

COUNTY Montgomery MARYLAND CITY (if outside corporate limits write RURAL) LENGTH OF STAY		D;
COBMIT MARILAND	STATE Jarvland county Jor	+ ~~~
CITY (if outside corporate limits, write RURAL) LENGTH OF STAY		itgomery
	OR	and Bric Regicor for
OR and give nearest town) Olney (In this place)	TOWN Silver Spring	À
	STREET (If rural give location)	,
INSTITUTION OR	ADDRESS //3	- /
HOSPITAL OR INSTITUTION OR 72 STREET ADDRESS Montg. Co. Gen. Hospital, Inc.	Rt. #1	
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: Baby Gill	Hollend OF 12	13 19 55
	Daniel, and a second	
PACE. WIDOWED DIVORCED		Days Hours Min
female colored (Specify): single	12.13.55 yrs.	3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, OR INDUSTRY:		COUNTRY
even if retired):	Maryland	n5a
13. FATHER'S NAME:	14 MOTHER'S MAIDEN NAME;	
•	U	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give way or dates	Doris Virginia Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICAT	TION	Linum
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1104	INTERVAL BETWE
		ONSE! AND DEA
Defective	e development	
IMMEDIATE CAUSE (A)		
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	-11 1 . 42	
DISEASES OR CONDITIONS, IF ANY, (B)	ephalus - brain Tissue \	
GIVING RISE TO THE ABOVE CAUSE DUE TO		
GIVING RISE TO THE ABOVE CAUSE DUE TO	111.16.1	
STATING UNDERLYING CAUSE LAST.	ed - cleft palate, etc.)	
STATING UNDERLYING CAUSE LAST. (C)	ephalus - brain tissue ; ed - cleft palate, etc.)	
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ed - cleft palate, etc.)	
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ed - cleft palate, etc.)	
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20 AUTOREY
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	etory, 21c. WHERE DID (City or town) (Coun	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	etory, 21c. WHERE DID (City or town) (Coun	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	story, 21c. WHERE DID (City or town) (Coun	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, affice bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY OCCURRED	story, 21c. WHERE DID (City or town) (Coun	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING 7 OR CONTRIBUTING 7 CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	story, 21c. WHERE DID (City or town) (Coun	YES NO
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING OF OPERATIO 21A ACCIDENT WAS UNDERLYING OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M, STREET OF THE WORK OF THE INJURY OCCURRED While Not while at work at work	etery, 21c. WHERE DID (City or town) (Coun INJURY OCCUR?	YES NO (State)
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While St work at work 22. I hereby certify that I attended the deceased from	ctory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? , 19, to, 19, that I last	YES NO (State)
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work 22. I hereby certify that I attended the deceased from alive on 121.13	ctory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? , 19, to, 19, that I last	YES NO (State)
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work 22. I hereby certify that I attended the deceased from alive on 121.13	Country, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19, to, 19, that I last	YES NO (State)
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work 22. I hereby certify that I attended the deceased from alive on 121.13	ctory, 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19, to, 19, that I last A.M., from the causes and on the date ADDRESS	ves No (State) ty) (State) t saw the deceas stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRECE While at work of the wor	Country, 21c. Where Did (City or town) (Country, etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19, to, 19, that I last ADDRESS A,D. Plant I last PA	ty) (State) tsaw the decease stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While at work at work 22. I hereby certify that I attended the deceased from alive on 121.13, 195.3., and that death occurred at SIGNATURE	ctory, 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19, to, 19, that I last A.M., from the causes and on the date ADDRESS	ty) (State) tsaw the decease stated above.
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing 21B. PLACE	Country, 21c. Where Did (City or town) (Country, etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19, to, 19, that I last ADDRESS A,D. Plant I last PA	ty) (State) tsaw the decease stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRECE While At work at work 22. I hereby certify that I attended the deceased from alive on 123, 19, and that death occurred at SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Country, 21c. Where Did (City or town) (Country, etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19, to, 19, that I last ADDRESS A,D. Plant I last PA	ty) (State) tsaw the decease stated above.
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from alive on 12.13. 1943, and that death occurred at SIGNATURE 23. BURNAL CREMATION, DATE THEREOF NAME OF CEMENT CONTRIBUTIONS MALE OF CONTRIBUTIONS AND THE OF CEMENT CONTRIBUTIONS CONTRIBUTIONS AND THE OF CEMENT CONTRIBUTIONS	ctory, 21c. WHERE DID (City or town) (Coun injury occur? D 21f. HOW DID INjury occur? 19, to, 19, that I last A.M., from the causes and on the date DA. ADDRESS ADDRESS LOCATION (City, toy), or Marry County of Chematory Location (City, toy), or Marry County Co	yes No (State) t saw the deceas stated above. FE SIGNED (State)

-10 - 53

A15-

VS.

PLMASE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12117 CERTIFICATE OF DEATH

		エムエボー	CHRISTON	d OF DEATH	k Reg. Dist	. 10.
1	PLACE OF DEATH			2. USUAL RESIDENC	E (HOME) OF DECEASE	D:
ă_	COUNTY OF COUNTY	morate limits, vrite	RURAL LENGTH OF STAY (in this place)	CITYIH OUTSIN COPP OR TOWN STREET ADDRESS 8 7 0	county 240 orate limits, write RURAL a (If rural give location)	
3.	NAME OF	(First)	(Middle)	(Last)		Day) (Year)
	(Type or Print) J	ohn	Henry H	DUSEF	DEATH, Are. 2	1955
5.	SEX 6 COLE		VED. DIVORCED., ()	OF BIRTH: 9.A	8 6 yrs Months E	
	USUAL OCCUPATI work done during mos even if retired)		OR KIND OF EASINESS OR INDUSTRY	monty. C	o. Tud.	CITIZEN OF WHAT
13.	FATHER'S NAME:	2.6	76-	14. MOTHER'S MAIDE	1 1 11	
	tomes	Henry	House		ox. Collen	
190	/	US. ARRED FORCES es, give war or dates vice		A 3910 F	regul 18. K	m. Ind
1	DISEASES OR CON	DITIONS DIRECTL	Y LEADING TO DEATH	ITON		ONSET AND DEATH
			Commence	- 11	1	21
	IMMEDIATE (DUE TO	7 Julio		- A Money
GI	ANTECEDENT CA SEASES OR CONDIT VING RISE TO THE TATING UNDERLYIN	TIONS, IF ANY. ABOVE CAUSE	(B) arterismo	lestic Vas	+ Disease	
	ATUES SIGNIFICAN	17. 0010471011	(C)			
	OTHER SIGNIFICANTO THE DEATH BUT DISEASE OR CONE	T NOT RELATED TO	THE			
19A	. OATE OF OPERATI	OLAM .861 :NO	R FINDINGS OF OPERATIO	N		20. AUTOPSY?
	· ·					YES NO
OR	. ACCIDENT WAS UCONTRIBUTING C.	AUSE OF DEATH	218 PLACE (Home, farm, fac OF INJURY street, office bldg.	tory. 216 WHERE DID. etc. INJURY OCCUR?	(City or town) (Count	(State)
	TIME (Month) (Da	Ay) (Year) (Hour) M.	While Not while at work at work	21F. HOW OLD INJU	URY OCCUR?	
22.	I hereby certify	that I attended	the deceased from		that I last لا كراح , 19	
	alive on Dec. 22 SIGNATURE	1955, as	nd that death occurred at	M, from the e	auses and on the date	stated above. re signed /2/25/55
23	BURIAL CREMATI	12-28-5	is Ceclar,	ERY OR CREMATORY	TURCE SEM	country), (Signe)
	ATE REC'D BY LOC	CAL REGISTRAR	'S SIGNATURE	FURTHER DIRE	CTOR 0 2901-1	ANORESS JAC

.3 A 2



DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 13 Dec 1955

FOR BINDING

12148 CERTIFICAT	E OF DEATH Reg. Dist. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place) X TOWN Bethesda Rural 14 days	TOWN Silver Spring
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS U. S. Naval Hospital	2503 Jennings Court
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	URWITZ OF DEATH: December 12 19 55
BACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday ir under I YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male White (Specify) Married 10-	19-00 55 yrs.
DA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY.	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY?
even if retired: Mariner Mariner Retired	Russia US
Isiah HURWITZ	Esther MAHARIK
WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes. Te or unk.) (If Yes, give war or dates of service) WW II & Korea Unknown	Wife Mrs. Hattle HURWITZ Same as above
18. MEDICAL CERTIFICA	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
162 MMEDIATE CAUSE (A) Caroline	Jamponnell 10 days
ANTECEDENT CAUSE (8)	PD. Q . D
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	oma, Brothmord
(c) Drawkers	evil extensive
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AT
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	melaslasia / yr
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AU OPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21C WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	D 21F. HOW DID INJURY OCCUR?
M. at work at work	
2. hereby curtify that I strended the deceased from 28 M	Nov , 1955, to 12 Dec, 19 55 that I last saw the decease
alive on 12 bec 419 55, and that death occurred at	t 9:33AM, from the causes and on the date stated above.
	bah, NNMC, Betehsda, Maryland
23. BUR AL. CREMATION DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State
Burial (SPECIFY) 16 Dec 1955	Hartford, Conn.

24Goldbers Funeral Home

4217 Oth St., N. W. Washington, D.C.

2 .V Cz.

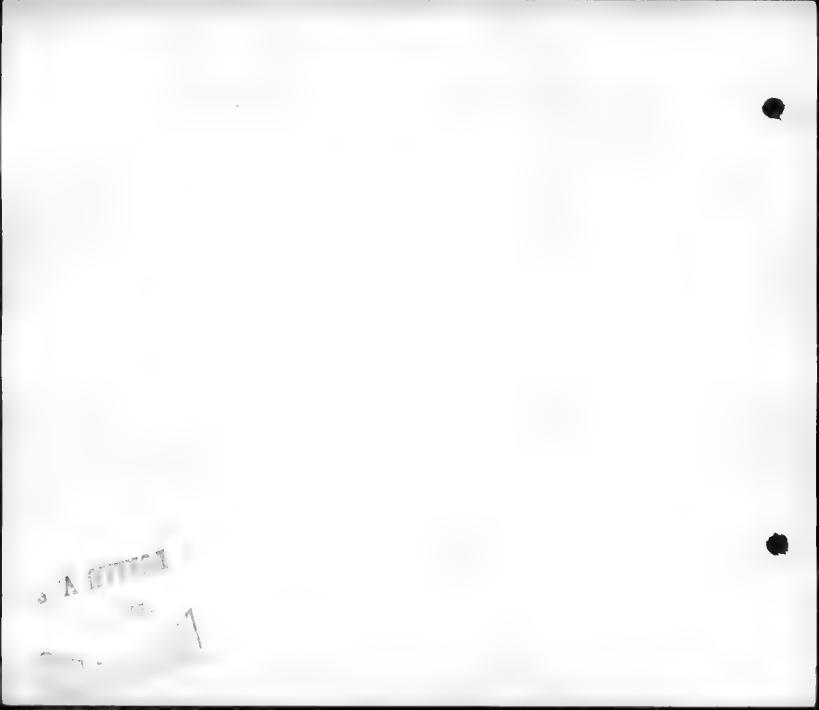
**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12149	CERTIFICATE OF DEATH
I PLACE OF DEATH	1 2 HEHAL RECIDENCE

Α.		12149 CERTIFICATE	F OF DEATH Reg. Dis	st. No. 214
Ē	y	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEAS	ED·
carefully.	legibly.	COUNTY MONTGOMERY MARYLAND	STATE MARY TO COUNTY THE	ATTEN.
		OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL	and give nearest town
tio	and	TOWN BOCKVILLE (RURAL) 7 YEARS	TOWN THE STREET W	ashington
information	death clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS WAVE PLU SANITARIUM	STREET 1661 Palk Road Sie loanton	W. Hy
inf	ि		(Last) 4. DA E (Month)	(Day) (Year)
9,0	B th	DECEASED: MAY	C C DEATH: DEC	25 1955
item	of de	5. SEX: 6. COLOR OR 7. S. NGLE. MARRIED. 8. DATE WITOWED, DIVORCED, Specify):	9. AGE last birthday IF under Months Months	Days Hours Min.
everv	causes	10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:		CITIZEN OF WHA
	40.5	even if retired Ratical Deachar Public School	newport of I	U.S.A.
Supply	the	13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	A
Ů.	23	William a. Jack	I da Douglas Chappe	<u></u>
Þ	please write	18. WAS DECEASED EVEN IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No. (Yen, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 4403 160	ingle it. hu
X	se	_ of service)	muskobert Dray-nièce Was	h JD.C.
5	lea	18. MEDICAL CERTIFICAT	ION)	ONSET AND DEATH
TINFADING		491× a 0	4	A I
Δ.	ns.	IMMEDIATE CAUSE (A) DUE TO	5 Junimonea, acul	2 days
Z	icia	ANTECEDENT CAUSE (S)		
	27	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
WITH	l .	(C)		
	, an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1 0 1 0	- 0
ATNIX	DOL	DISEASE OR CONDITION CAUSING DEATH.	jed abdommal circumati	Als dyear
∀	im	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Y	20. AUTOPSY?
PI.	i .	1794 (1) (1)	1 Mariel	YES NO X
	-	21A. ACCIDENT WAS UNDERLYING 1 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 2fc. WHERE DID (City or town) (Cou etc. INJURY OCCUR?	nty) (State)
WRITE	- 60	OF INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
0.00	4	22. I hereby certify that I attended the deceased from Quay.	, 1948 to 24 Desc., 1955, that I las	st saw the decease
TVDE	2 05	alive on 14 Dec ., 1955, and that death occurred at	/ 2:30AM, from the causes and on the date	stated above.
_		SIGNATURE Heat Wantyn &	. D. 5029 Betterdy are Beth Di	25 Dec 53
10 A CT	60	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	Δ .	or county) (State
G		Cremation 12/28/55 71. Linco	In Prince George	s co. md
2	4	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12150

CERTIFICATE OF DEATH

Reg. Dist. No. 21,24

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:		
county Montgomery MARYLAND	STATE Virginia COUN	NTY Arlington	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Bethesda 26 days	CITY (If outside corporate hmits, write RURAL a OR TOWN Arlington	nd give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland	STREET (If rural give location ADDRESS 2700 13th Road So. Apr		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Arnold William Jansin	(Last) 4. DATE (Month) (Day OF DEATH: Dec. 19.	(Year) 1955	
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE iast birthday: If UNDER I Y 1. 7, 1921 314 yrs. Months Di	EAR IF UNDER 24 DRS. Bys Hours Min.	
work done during most of working life, even if retired): Salesman Adding Machine Co		CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Andrew Jansing	Dorothy Fledderman		
(Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS: The Medical Record, The Clinical	Genter	
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	I Paneresse with metestons	4 month	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yen No No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 2	3,1955, to Dec. 19, 1955, that I last	saw the deceased	
alive on Dec. 19, 1955, and that death occurred at	AUDRESS	The State of the S	
23 APRIAL, CREMATION, DATE THEREOF DAMP OF CEMETER PEROVAL (Sport) 2-12-55	The Clinical Center, NIH, Bethesda,	unty) Ostaley	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Description Registrar Line M. Shornbeson	I'm Toe & Some Hashe	ADDRESS OF	



2. E

S'AMT M

DATE REC'D BY LOCAL

REGISTRAR

S'A



eg Diet No. 21

2R.A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

16194	CERTIFICATI	E OF DEAT	H Reg. Dist	. No
1. PLACE OF DEATH:	ş - +1	2. USUAL RESIDEN	CE (HOME) OF DECEASE	D:
COUNTY Monagomery	MARYLAND	STATE Mary	land COUNTY Mont	gomery
CITY (If outside corporate limits, write OR and give nearest town)	RURAL LENGTH OF STAY 2mo (days	' OR	orporate limits, write RURAL a	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval	Hospital	STREET ADDRESS 14111	(If rural give location) Bradley Boulevar	đ
3. NAME OF (First) DECEASED: (Type or Print) Thomas		(Last)		Day) (Year)
	E. MARRIED, WED. DIVORCED. (y): Married 11-7		AGE last birthday IF UNDER 1 Months I	YEAR 15 UNDER 24 HRE Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive	or industry: Construction	Penn.	tate or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Peter KEEFE		Mary CONNELL	EY	
(Yearno, or unk.) (If Yes, give war or dates of service WW I		Wife Mrs. El Same as abov	12866th S. KEEFE	
	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTL		44		ONSET AND DEAT
IMMEDIATE CAUSE	DUE TO COMBRALLY P	Athero-sileroti	c Disease	Syears
ANTECEDENT CAUSE (8)	332 13			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
. A	(C)			
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	DEATH Juliu Trany		active - Rtupper libe	2 years
19A, DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory, 21c. WHERE DI etc. INJURY OCCUR	D (City or town) (Coun	ty) (State)
21p. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	while Not while at work			
22. I hereby certify that I attended	the deceased from 10 C	6:10P-	Dec, 19 55, that I last	saw the decease
11 777171 1219 3-7-	nd that death occurred at	ADDIES	DA	stated above. TE SIGNED
H. I. PASSES LT, MC, USN 23. BURIAL, CREMATION, DATE THER			LOCATION (City, town, or	r county) (State
REMOVAL (SPECIFY) 21 Dec		ational Cemete		

VS. A15-10-53

PLEASE TYPE OR

DATE REC'D BY LOCAL REGISTRAB 19 Dec 1955

REGISTRAR'S SIGNATURE

MARGIN RESERVED FOR BINDIN

WRITE PLAINLY, WITH UNFADING INK.

Supply every item of informatton carefully. The

3 'A CTTY10

The

information carefully.

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WITH UNFADINGENK

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Physicians:

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PLAINLY,

OF INJURY

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	12129
12155 CERTIFICATE	E OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE New York COUNTY -	
City (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) Y TOWN Bethesda 19 days	CITY(If outside corporate limits, write RURAL and OR TOWN New York City	d give nearest town)
HOSPITAL OR THE Clinical Center INSTITUTION OR STREET ADDRESS Nat'l Inst. of Health	STREET (If rural give location) ADDRESS 216 West 91st Street	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Bernard Daniel Kids	(Last) 4. DATE (Month) (Date of Death) 60 CF DEATH: December	- 1
RACE: WIDOWED, DIVORGED.	of BIRTH: 9. AGE last hirthday Months Day 1895 60 yrs. Months Day	
News Photographer Tree lance photogra	pher New York U.	S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Kidson	Margaret Potts	
18. WAS DECEASED EVEN IN U.S. ARMED FORCES: (Yes. Ro, or unk.) (If Yes, give war or dates of service) None	The medical record, The Clinic	al Center
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4 IMMEDIATE CAUSE (A) LIAC CARCI	DIAL INFARCTION	
ANTECEDENT CAUSE (S)	on if if annulow art) _{-y}
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	DSIS T LEFT CIRCUMFLEX THE	7
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
WORE		YES X NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg.,		(State)

21A. ACCIDEN OR CONTRIBU (IF EITHER, NOT

21D. TIME (Month) (Day) (Year)

While Not while (Hour)

21F. HOW DID INJURY OCCUR?

Dec. 14, 19 55 that I last saw the deceased

22. I hereby certify that I attended the deceased from Nov 25, 1955, to Dec. III, 19 52 that I last saw the death occurred at 8:30PM, from the causes and on the date stated above.

DATE SIGNED

BURIAL, CREMATION DATE THEREOF REMOVAL (SPECIFY)

Mt.Olivet Cemetery Institutes of Health (City, town, or county) Washington

(State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REGISTRAR Bethesda, Md.

OR age TYPE correct

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FOR

MARGIN RESERVED

COUNTRYT UISA. WINNA ONSET AND DEATH 10 and. 20. AUTOPSY? NO X (County) (State) (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCURT OF "INJURY While Not while at work at work 22. I hereby certify that I attended the deceased from EC , 19 SS, to Lice , 195), that I last saw the deceased 195.7, and that death occurred at M, from the causes and on the date stated above. SIGNATURE ADDRESS-DATE SIGNED M. D. 23. BURIAL, CREMATION, CEMETERY OR LOCATION (City, town, or county) REMOVAL (SPECIFY) ADDRESS DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR 5103 WISCONSIN

12100

(Year)

(Day)

Dava

12. CITIZEN OF

3 A DESTRUCTION

42187

MARYLAND STATE DEPARTMENT OF HEALTH Reg. Dist. No. 2 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MONTADMET4 MARYLAND MAINI COUNTY CITY tilf ortside corporate limits Varite RURAL! LENGTH OF STAY CITYIII outside corporate limits, write RURAL and and rive nearest town; OR (In this place) OR information Y TOWN TOWN au (If rul clearly STREET give location) INSTITUTION OR SHATON **ADDRESS** STREET ADDRESS 3. NAME OF of DECEASED: (Type or Print) 17 item COLOR OR 17. WIDOWED, DIVORCED (Specify): Widowed USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS (State or foreign country) 12 CITIZEN OF WHAT work done during toost of working life OR INDUSTRY: Supply 13 FATHERS NAME H. B (Yel, no, or unk) ill Yes, give war or dates of services Cabe Codea Ü ADIN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ·120.0 IMMEDIATE CAUSE sician DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST ₹ (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Z 19A DATE OF OPERATION, I 198. MAJOR FINDINGS OF OPERATION

(City or town) OR CONTRIBUTING CAUSE OF DEATH, OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210 Time (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work α 22. I hereby certify that I attended the deceased from 6- 17 , 1933, to /2- 6, 1953 that I last saw the deceased 0 国 alive on D 5, and that death occurred at 9F M, from the causes and on the date stated above.

21A ACCIDENT WAS UNDERLY NG [] | 21B PLACE Home, farm, factory,

SIGNATURE DATE SIGNED 23. BURIAL (CREMATION. LOCATION (Car. town, or county) REMOVAL (SPECIFY) Washington. Cemeterv

DATE REC'D

PL

ADDRESS

21c. WHERE DID

20. AUTOPSY NO.

(State)

(County)

Na av

VS. A15-10-53

ne	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12132
E ×	12158 CERTIFICATE OF DEATH Reg. Dist.	No. 216
The Second	1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED).
information carefull clearly and legibly	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN DITHESTA HOSPITAL OR INSTITUTION OR TUSTILE INSTITUTION OR TUSTILE ADDRESS MARYLAND STATE Maryland COUNTY May OR TOWN Frallspille STREET (If rural give location) TUSTREET ADDRESS SULFulfant Laspital	ng kive near town)
inf h ch	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I	Day) (Year)
m of death	(Type or Print) (MML) Guyphul Chuyton DEATH: Ll'Combin	
ite of	BACE NURSER DIVORCED	ays Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: OR INDUSTRY: Hauswide Smith (aunty - (a))	CITIZEN OF WHAT
Supply te the c	13. FATHER'S NAME:	WALL.
Sup te t	underaller menteralor	
K.	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 50n 18. Social Security No. 17. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18. Social Security No. 18. INFORMANT & ADDRESS: 50n 18.	haville md
	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
ā	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Matthe Gasho-intentive kennyar force	24 Paris
UNF	ANTECEDENT CAUSE (S)	- 1,000
	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	"twebs
\vdash	(C)	
- 18	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
NL	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
- 2	The Ball of Charles.	20. AUTOPSYT
-	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER. NOTIFY MEDICAL EXAMINER) (Countries of the contribution of the contr	y) (State)
55	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
O. P.	22. I hereby certify that I attended the deceased from New 19, 1955, to Dec 10, 1955, that I last	saw the deceased
SE TYPE	alive on Del. 10, 1955 , and that death occurred at 2. 5 PM, from the causes and on the date signatures	stated above.
ASE	23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, toyn, or REMOVAL (SPECIFY) 13-17-37-37-37-37-37-37-37-37-37-37-37-37-37	No IIIU
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BAINE	ADDRESS HR

1 + 1 + 1 + 1 + 1 = 1 = 1

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Mar.

VS. A15-10-53

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12133

16109	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MOMOOMERY MARYLAND	STATE //d. COUNTY //ONTGOMERY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	TOWN KINSTINULAN S
y TOWN Bellesda bdays HUS.	A TIME I TO TO
HOSPITAL OR	ADDRESS 1
STREET ADDRESS Subulban	3608 Plycks 1.711/ KOAd
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Elizabette SUE AN See	antage DEATH: 12-8 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
temps white (Specify): Widow 1-3	26-45 80 yrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of IOB KIND OF BUSINESS work done during most of working life.) OR INOUSTRY:	11. BIRTHPLACE (State or foregry country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	Dist. o Columbia U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDE! NAME:
John Wanny Mc Duell	HUNTUR MARKA
IB. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 4110 - 1 HD NF
(Yes, no, or unk.) (If Yes, give war or dates	1 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of service)	EVELYN L. Y. Sooker . Whah. I.C
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
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IMMEDIATE CAUSE (A) CLECK	uorua, laucreas : Jean
ANTECEDENT CAUSE (S)	,
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE HUBER	Lusive Cardio co seula
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	() La a a a a a a a a a a a a a a a a a
	YES X NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D 21F. HOW DID INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) OF INJURY M. ZIE INJURY OCCURREE While Not while at work at work	21F. HOW DID INJURY OCCURY
22. I hereby certify that I attended the deceased from 1 V-4	1955, to & Dec., 1955, that I last saw the deceased
	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
M. M	1. D. Euburban Herap Bellus de & Tec. 53
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE DECID BY LOCAL DECICEDADIC MICHATURE	24. FUNERAL DIRECTOR / ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 55 DAMES SILVER 11 161 111	1 must 1 Hawn 3831 - Jahre
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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24. FUNERAL DIRECTOR

ADDRESS

REGISTEAR'S

SIGNATURE

DATE REC'D BY LOCAL

REGISTRAR



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

년 :	12086 CERTIFICATE OF DEATH Reg. Dist.	. No
ully.	1 PLACE OF DEATH: 1 2. USUAL RESIDENCE (HOME) OF DECEASED	3:
formation carefull early and legibly.	COUNTY MONT COMERY CITY (If outside corporate limits) write RURAL LENGTH OF STAY (in this place) TOWN TAKOMA PARK HOSPITAL OR INSTITUTION OR STREET ADDRESS 7109 CEDAR AVE. STATE MA. COUNTY MONT COUNTY MONT OF STAY (in this place) STATE MA. COUNTY MONT OF TOWN TAKOMA PARK STREET (If rural give location) ADDRESS 7109 CEDAR AVE.	FOMERV
item of in	Type or Print) EDGAR MILTON MACCOY 5. SEX. 6 COLOR OR 7 SINGLE, MARRIED, B. DATE OF BIRTH: 9. AGE last birthday, 15 UNDERTY WIDDWED TO VORCED	Ouy) (Year) 36. 1955 EAR IF UNDER 24 HRS. ays Hours Min.
BINDING Supply every ite the causes	10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS II BIRTHPLACE (State or foreign country): 12. Work done during most of working life OR INDUSTRY: OR INDUSTRY: NEWVILLE, PENNA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	USA
FOR INK.	WAN DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS. Yes, no. of unk.) of services 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
RESERVED UNFADINC sicians: ple	1 1 IMMEDIATE CAUSE (A) TULMONARY FAILURE	2 DAYS
22	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) METTASTATIC CARCINOMA DUE TO DUE TO CARCINOMA CARCINOMA CONTROL OF BLADUER	2 YETHEST
MARGIN NLY, WITH portant. Phy	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. COMPLETE HEALT BLUCK	1 2 1CARS
PLAIN ly imp	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION N.V. 1952 CARCINOMA OF BLADDER	20. AUTOPSYT
WRITE especial	21A. ACCIDENT WAS UNDERLYING \(\) 21B PLACE (Home, farm, factory 21c. Where DID (City or town) OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (County of the county of	y) (State)
R WR	OF INJURY M, 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
E TYPE OI	22. I hereby certify that I attended the deceased from JULY, 1955, to JULY 36, 1935, that I last alive on JULY 29, 1955, and that death occurred at 7 15 MM. from the causes and on the date s SIGNATURE HOLD KINGER 7 AND 113 (HICHELL ST NU WASHINGT	stated above.

play Bethesda, Ind.

DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12161 CERTIFICATE OF DEATH Reg. Dist.	No. 2/6
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MORTGOMEYY MARYLAND STATE D. C. COUNTY	
CITY (If outside corporate limits, write RURAL on the corporate limits, write RURAL and sive nearest town) TOWN DETRESCIA	give nearest town)
HOSPITAL OR INSTITUTION OR SUBUY DAN HOSP- STREET ADDRESS SUBUY DAN HOSP-	a Ave
3. NAME OF (First) (Middle) (Last) 4. DATE Month) (DE DECEASED: (Type or Print) JOSEPH TVAVEYS MARLINE, DEATH: 12.	(Year)
5. SEX: 15. COLOR OR 7. SINGLE MARRIED 8 DATE OF BIRTH 9. AGE last birthday IF UNDER 1 VE. RACE: MONTHS DA	AR IF UNDER 24 HRS. VS Hours Min.
OA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12 C work done, during most of working life.	ITIZEN OF WHAT
even it (retired): Engineer Government Boston MASS. 13. EATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	1,5,
Patrick dames Maguire unk	
15. WAR DECEASED EVEN IN U.S ARMED FORCES? (Yes/no, or unk.) (If Yes, give war or dates None Nophew Frank H, Mag	uire, M.D
	INTERVAL BETWEEN
162 MMEDIATE CAUSE (A) Confluent Browslogneumonia Right	Henry 10das
ANTECEDENT CAUSE (S)	1. 1
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DISPLACE CAUSE CA	6 mes
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a. DAYE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	
TSA. DAJE OF OPERATION: 138. MAJOR FINDINGS OF OPERATION	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from Sec. 1. , 1953 to Sec. 14 , 1953, that I last s	
alive on \$4.2.16, and that death occurred at \$1.10 fM, from the causes and on the date st SIGNATURE DATE	ated above.
dedung blancers M. 83921- Sugamon AX25W. 7	45048Q 17
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATRY LOCATION (City, town, or cremative) Burial 12-17-55 Rock Creek Cem. Washington.	Ounty) (Sund

VS. A15 -- 10 - 53

carefully. The

please write the causes of death clearly and legibly,

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

is especially important. Physicians:

correct age

BY LOCAL

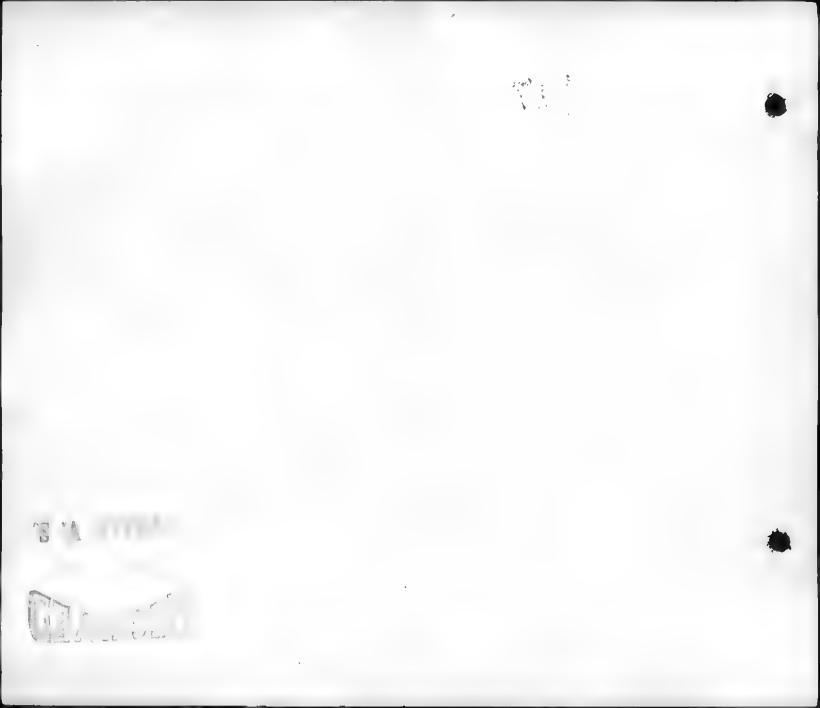
REGISTRAR'S

SIGNATURE

DATE REC'D REGISTRAR

BINDING

MARGIN RESERVE



ATTENDING PHY XIAN OR HOSPITAL: The law requires that the death certificate be executed within 24. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12140

12162 CERTIFICATE OF DEATH

Reg. Dist. No. 216

II I ENGL OF BEATTI				
COUNTY Montgomery	MARYLAND	STATE	COUNTY	
CiTY (If outside corporate limits, write RURAL	LENGTH OF STAY		rate limits, write RURAL end gi	ve neerest town)
or and give nearest town) y TOWN Bethesda	(In this place)	OR TOWN ++		2
	0,11		slington, D	
HOSPITAL OR INSTITUTION OR IN COMMENT		STREET ADDRESS	(If rural give loc	anonj
INSTITUTION OF Resmor Sanitari	Lum	1 -5	- 1 th 3t. I	7.7
3. NAME OF (First)	(Middia)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) RACHEL CAME	ABA	LKHAM	DEATH Dec	3 1955
9212	and a cal		200	UNDER 1 YEAR IF UNDER 24 HRS.
	IVORCED.			onths Days Hours Min.
Female White Specify	.Cor 10-E	3001 1074	31 yrs.	
	ND OF BUSINESS	17. BIRTHPLACE (State or foral	ign country)	12. CITIZEN OF WHAT
	R INDUSTRY			COUNTRY?
retired): 120 -12e at	_o.ne	Tisconsin	11 1 1 1 P	I II A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Anthony McGovern		Fleno	McCormick	
	6. SOCIAL SECURITY NO.	17. INFORMANT &		4.24.5 Garages
(Yas, no, or unk.) (If Yes, give war or datas of service)		Manion Wa	** 1-17= m - LICE 2=	4014 21°1
/ 1.0	TO. MEDICAL CEI		all a second day	I INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	B. MEDICAL CEI	RTIFICATION		ONSET AND DEATH
THE IMMEDIATE CAUSE IAS	Pro.	•		70041.
IMMEDIATE CAGSE (A)	/ June	-		
ANTECEDENT CAUSE(S) DUE TO	2100	11.4 Rr	12-10 -14	NTWITIA
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	1 Von Area	- 57	CONCAIN	
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)	•			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	mil "		, 4	ĺ
DISEASE OR CONDITION CAUSING DEATH.	PLATERIL	ai - deni	1.15	
190 DATE OF OPERATION 196, MAJOR FINDINGS	ments and the			20, AUTOPSY?
	Dung North	1 Am		YES NO
218. ACCIDENT WAS UNDERLYING 216. PLACE (Hor OR CONTRIBUTING ID CAUSE OF DEATH OF INJURY street)		21c WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	1	done	- work	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e	. INJURY OCCURRED	21f. HOW DID INURY OCCU	R?	
	nile Not while work	me	of low	
	11/1/1/	n 10 C . 3	10 10 10 1	that I had something become
22. I hereby certify that I attended the dece				
alive on	d that death occurred a			
SIGNATURE W. Le.	11	ADD	RESS (Straet, city, lown, sta	nta) DATE SIGNED
	Column.D.			
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY) Signal on 12-5-1 55	- /		_	
	l Color H	ill Or mator	dr Guitlana.	111
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	10 1	25. FUNERAL DIRECTOR'S		ADDRESS
DATE 12/7, 50 Deasio M.	His wilson	Joseph Lo	will star	56 Pa. Ave NW
		0		



Chambers Funeral Home

517 11th Street, S.E. Washington, D.C.

ADDRESS

DATE REC'D BY LOCAL

SEGISTRAP5

Š

REGISTRAR'S SIGNATURE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12087

CERTIFICATE OF DEATH

Rev. Dist. No. 223

eath clearly and legion	COUNTY 10 ntg o mery MARYLAND CITY (If outside corporate limits, write RURAL) OR and give nearest town of the place) TOWN Takoma Jaik HOSPITAL OR INSTITUTION OR STREET ADDRESS//chin.fm Sanita i Gint Hespital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Prince Lycorge CITY/If outside corporate limits, write RURAL and give dearest town OR TOWN Hyalts Ville 17 d STREET (If rural give location)
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN 79Koma Park HOSPITAL OR	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Hand House Land Street (If rural give location)
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN 79Koma Park HOSPITAL OR	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Hand House Land Street (If rural give location)
	HOSPITAL OR	STREET (If rural give location)
	HOSPITAL OR	STREET (If rural give location)
	INSTITUTION OR // /	
		ADDRESS 3
168	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
- I	(Type or Print) [Anh [ames]	Tarshall DEATH: 2-14- 1935
_	5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WIDOWED, DIVORCED,	
, l	Mite (Specify): Harried 3-2	8-1895, 60 yrs. Months Days Hours Min.
i Si	OA. USUAL OCCUPATION (Give kind of 10s KIND OF BUSINESS work done during, most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
	even if retired): Hackinist Pirco	Pa. 71.5.a.
9	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
2	Robert Marshall	Elizabeth Surplus
ž,	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
[(Yes, no, or unk.) (If Yes, give, war or dates of service // //	Jashington Sanitarium & Hospital Romails
ar Se	18. MEDICAL CERTIFICA	
o le	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	and the second s	condial Indonetin Put. 10days.
22		cordiol Infortem Rut. 10days.
ysicians	ANTECEDENT CAUSE (S)	
ys.	DISEASES OR CONDITIONS, IF ANY. (B)	
5	STATING UNDERLYING CAUSE LAST.	
ا د	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY1
	W 5	YES NO
	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fac	tory, 21c. WHERE DID (City or town) (County) (State)
# K	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etc. INJURY OCCUR?
d a	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREN	21F. HOW DID INJURY OCCUR?
ຶ່ໄ	OF INJURY While Whole at work at work	1a
-	22. I hereby certify that I attended the deceased from	1955, to the 19, 1955, that I last saw the deceased
a ge	22. I hereby certify that I attended the deceased from	4 . 7
	alive on Mac. 14 , 1955, and that death occurred at	2:40/M, from the causes and on the date stated above.
ည်	gruette familia	706 New Honsolin Re 12/14/55
correct		ERY, OR CREMATORY LOGATION (City, town, or county) (State
	REMOVAL (SPECIFY) 17 1955 MA. Oliv	ret Counting Vashington 29
ŧ	THE PECID BY LOCAL PECISTER PIS SIGNATURES	1 24 FUNERAL DIRECTOR NV GCZ / MORES M-//

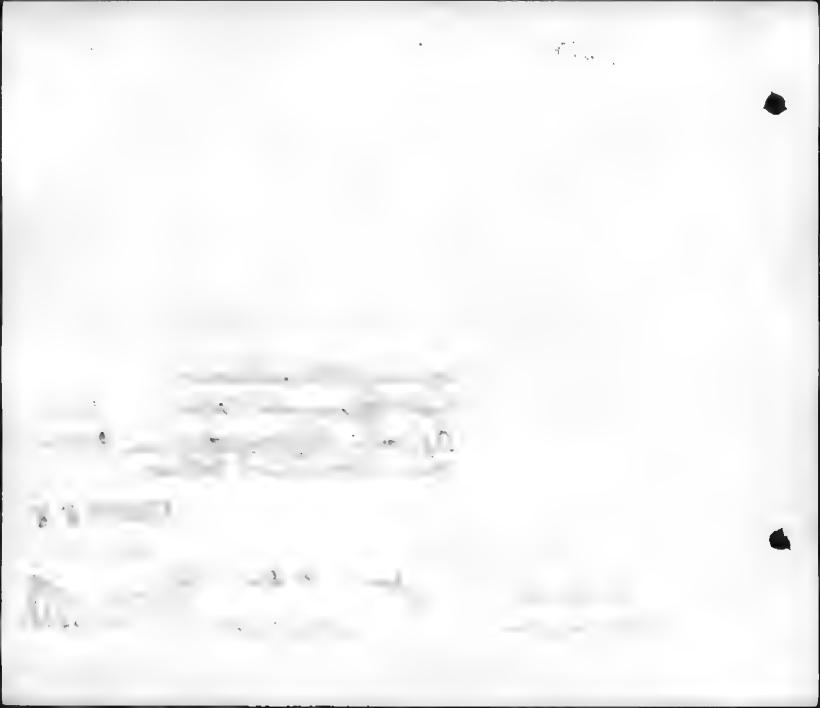
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12164 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

£	-	20109 CERTIFICATE OF DEATH Reg. Dist. No. X/6
10	efully.	I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
	carefull legibly.	COUNTY Manloamers MARYLAND STATE Maryland COUNTY Manloamers
10		CITY if outside corporate ilmits, write RURAL LENGTH OF STAY OR and give nearly town) OR and give nearly town)
4	tion	TOWN Dithusda 6 days Town Slin Echo
1	mat ·ly	HOSPITAL OR STREET (If rural give location)
	information clearly and	STREET ADDRESS Suburban Daspital 10 Cherly agence
	in h e	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
	im of i death	(Type or Print) Walter Reginald Matthews DEATH 12- 18 1955
1	item of de	5 SEX. 6. COLOR OR 7. SINGLE MARRIED 8 DATE OF BIRTH 9. AGE last birthday 17 UNDER 24 HRS. Min. Months Days Hours Min.
1181		male white (Specify) Klingrew 4-7-843 62 yrs.
III.	causes	10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11, BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY:
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		even if retired): Bus driver Tlorwood-Landon US
Ē	Supply te the c	13. FATHER'S NAME:
FOR BINDIN	Su	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS!
H.	IK. Su write	(Yes, no, or unk.) (If Yes, give war or dates
P0	Is a	of service) 3/8-10-0447 /100 Galla Ministry arrangement
G	NG ples	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH
£4.1	IQ	La de la Contra de la circa de
區	<c ac<="" td=""><td>IMMEDIATE CAUSE (A) COTOMUS (</td></c>	IMMEDIATE CAUSE (A) COTOMUS (
MARGIN RESERVED	UNF. sician	ANTECEDENT CAUSE (8)
Z		GIVING RISE TO THE ABOVE CAUSE DUE TO
EGI		STATING UNDERLYING CAUSE LAST. (C) Chromis Murcondoan Inditioning
AF	w W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
E	AINLY, imports	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. Chrome Brokellall asthma
	N du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	7	YES NO NO
	VRITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State)
-	RITE	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?
-	WR	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while
	R is	M. at work L at work L
	O 0	22. I hereby certify that I attended the deceased from time 1977, tower 193, that I last saw the deceased
50	TYPE rect ag	alive on 12-10, 1955, and that death occurred at 1. /M, from the causes and on the date stated above.
0	E 5	SIGNATURE ADDRESS DATE SIGNED
ï	SE TY	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State)
10	≪ €	REMOVAL (SPECIFY) In 15-54 Octivate Granten and Mariaton NO.
≪ .	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUMERAL DIRECTOR ADDRESS
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REGISTRAR

, maryland state department 12166 CERTIFICATE		12145
12166 CERTIFICATE	G OF DEATH Reg. Dist.	No. 216.
1. PLACE OF DEATH .	2. USUAL RESIDENCE (HOME) OF DECEASED),
COUNTY NONTADMETY MARYLAND	STATE - COUNTY	*
CITY (If outside) corporate limits, write BURAL LENGTH OF STAY	CITYIII outside corporate limits, write RURAL at	na give nearest town)
TOWN BEYALSOA 2 days	TOWN WAShington	V
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUNURDAN HOSPITAL	ADDRESS 270/ CONNEC	Hout Ave NU.
		Ony) (Year)
Type or Print FlorINCE CERKENS		24 195
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED Specify WIDOWS A FOY!	25 1890 65 yrs. Months D.	EAR OF UNDER 24 HRE. Ays Hours Min.
work done during most of working life, even if retired):		COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME:	,
LOWARD CIERKENS	HIICE Whitti	nuham
18. Was DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, nd, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 72/6	18 Arnetto
of service 372 -16 -5820	EUGENE H. Mc +All B. F	nesda Mid
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	D. T.T.	ONSET AND DEATH
TIMMEDIATE CAUSE (A)	1 an maney	Smo
ANTECEDENT CAUSE (8)	A.O ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	thiose & Challeystellin	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Lemie	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
Dec. 3, 1955 1 Classemer at	Shere	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M at work at work	- 10 911	
22. I hereby certify that I attended the deceased from Leve) , 1955, to De A 7, 1955, that I last	saw the deceased
alive on Doc 74, 1955, and that death occurred at	/\ /=-	
SIGNATURA COLINIA ELE LA		E SIGNED -24-55
REMOVAL (SPECIFY)	TRY OR CREMATORY LOCATION (City, town, or	n = 01 1
Transit-Burial 12-25-55 Oak Lawn	Gem. Mansileld lan	d Unio
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			,		-	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2	2

	MEDICAL EXAMINER'S CEL	RTIFICATE OF DEATH	No. 223.
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Ţ.	COUNTY MON KISMER COUNTY MARYLAND	STATE Mynyland COUNTY Ponce	
legibly —	CITY (If outside corporate limits write RURAL LENGTH OF STA (in this place) TOWN Taken Tank The stantage of	OR .	d give néarest town)
and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Suniformer . Single Street Address wash.	STREET (If rural, give location) ADDRESS	. 1
rly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
clear	DECEASED: (Type or Print) Unes Clexander	OF	
	5. SEX: , 6. COLOR OR 7. SINGLE, MARRIED, 8. DA'	TE OF BIRTH: 9. AGE last birthday: IF UNDER I	YEAR IF UNDER 24 HRS.
death	Male RACE: WIDOWED, DIVORCED, (Specify): Single 7776	24 3/- 937 /8 yrs. Monthal D	
Jo.	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT COUNTRY!
causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	V V C
can	alexander ma Quice	YITANA home	
he	15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	
e ct	(Yes, no, or unk.) (If Yes, give war or dates of 2/434666	Wish San + Heart Records	
rit	18. MEDI	CAL CERTIFICATION	
(P)	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
pleas	Immediate cause (a) Cliff the first	merstupe	
20	Antecedent cause(s)	1 10	10th
lan	Diseases or conditions, if any, (b)		
Sic	stating underlying cause last (c)		
. Physicians	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
portant	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
ort			Yes K No 🗆
imi	21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street, which bldg., et INJURY		(State)
>	CAUSE OF DEATH. INJURY OCCURRED	1 211. HOW DID INJURY OCCUR?	- prige
especiall	OF INJURY 12-27-55 9:25 PM. While at Not while at work work with the work work work work work work work work		Ala V
pec	22. I hereby certify that I took charge of the remains descri		
es	find that death resulted from: Natural causes [], Acc	cident 📋 , Suicide 🔲 , Homicide 🔲 , Undeter	rmined cause
- 12	SIGNATURE	CHIEF MEDICAL EXAMINER DERUTY MEDICAL EXAMINER	DATE SIGNED
age	Thank & Breschart		12-2855
	Burea (Spolis): 42/30/35 ml	livet Washington	State)
	DOTE REC'D BY LOCAL REGISTRATE SIGNATURE	W.W. CHAMBERS Co. 1400 Ch	abin St
		WA	sk, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

S ...

:

20. AUTOPSYT YES X (County) (State) WRITE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work L OR 22. I hereby certify that I attended the deceased from Dec. 26, 1955, to Dec. 28, 1955, that I last saw the deceased alive on Dec. 28,, 19 55, and that death occurred at 1:45P.M, from the causes and on the date stated above. TYPI DATE SIGNED SIGNATURE LEASE LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION.

(Day)

(Year)

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

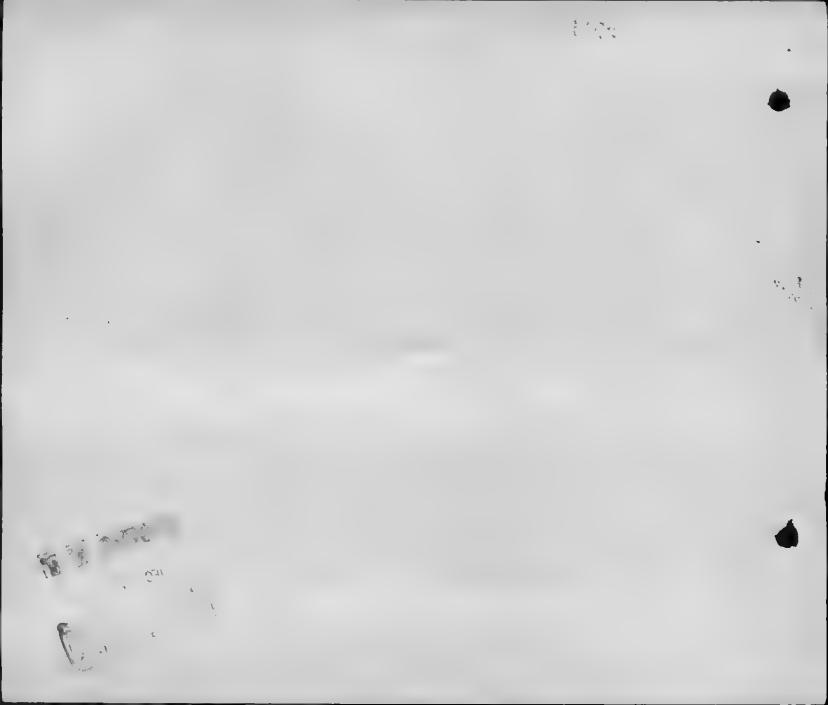
COUNTRY?

'S 'A MITTING

12*68 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

	TO SOUTH THE STATE OF THE STATE	The second secon	-112 (72422)	1 10	6.
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2 4
DIACE OF DEATH.		11 2 HEHAL DESIDENCE	OLOMBA	OF DECEASED.	

	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY 1) OILADIEN MARYLAND	STATE MA COUNTY MONE	7
	CITY (If outside corporate limits, write RURAL OR and offer nearest town) (in this place) TOWN (in this place)	CITY (If outside corporate limits write RURAL as OR TOWN A. Con	d give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 2166 Hildarose	STREET (M yural, give location)	1/2
	S. NAME OF DECEASED: (Type or Print) Could the standard Mag	(Last) 4. DATE (Month) (Da OF DEATH	y) (Year)
	5. SEX: 6/ COLOR/OR 7. SINGLE. MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify) Married 12	OF BIRTH: 9. AGE last birthday: IF UNDER I	YEAR IF UNDER 24 HRS. Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done dwelng most of work life, even if retired):	R 11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 577-12-1055	17. INFORMANT & ADDRESS:	undten 2
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause (a) Coronary	Otelueion	and the
	Antecedent cause(s) Diseases or conditions, if any, (b)		
	giving rise to the above cause DUE TO stating underlying cause last (c)		
•	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes [] No [X]
ŧ	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, or street, office bldg., etc. INJURY		(State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
4	22. I hereby certify that I took charge of the remains describe		
	find that death resulted from: Natural causes of, Accid	dent □, Suicide □, Homicide □, Undete	rmined cause [].
0	French & Broschart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	12-8.55
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 12/10/55 Mt. Olivet C	emetery Washington, D. C	•
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9.55 Travels Lotter	Clause to Lumper Silv r Spring	Ave. ADDRESS , Maryland
		/ 0/:	



VS. A15A - 5 - 53

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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reef : Dive	

No. 216 MEDICAL **EXAMINER'S** CERTIFICATE OF DEATH

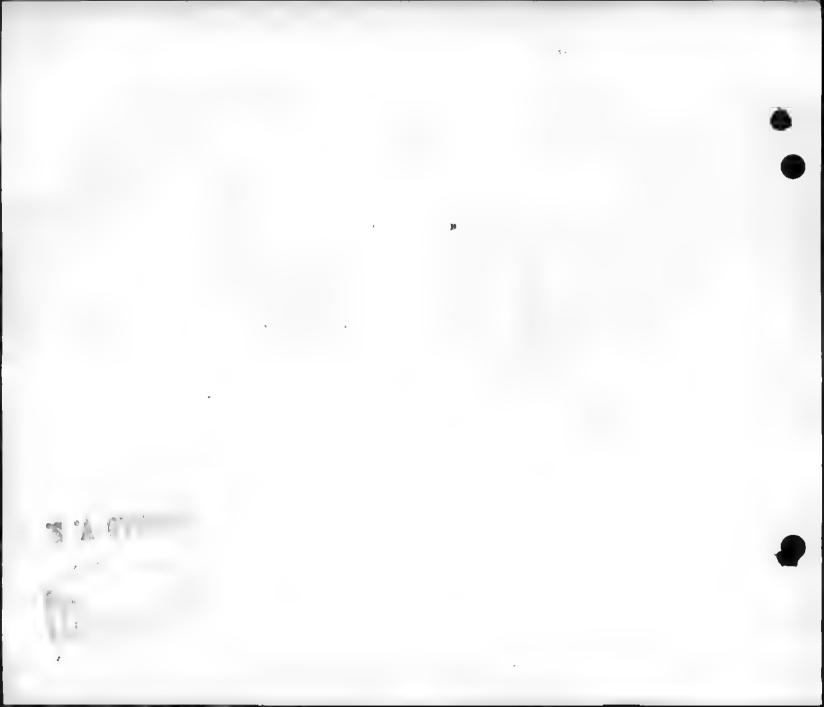
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Md. COUNTY MONTGOMOYU
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If optside corporate limits write RURAL and give nearest town)
OR and give procest touch) Y TOWN OR and give procest touch) OR A.	TOWN (Taithers burg x
HOSPITAL OR	STREET (If rural, give location)
VISTREET ADDRESS Suburban Hork	ADDRESS Route
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) FY ank John Mil	ELE DEATH NEC, 3 19 33
Male white Widowen, Divorced, Aug.	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS 44, 1902 53 yrs. Months Days Hours Min.
work done during most of work life, even if retired): Manager RES TARVAN	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Wife-bula Easter Miele
18. MEDIC,	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Corerary or	Elision sudden
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO stating underlying cause last	220
TI, OTHER SIGNIFICANT CONDITIONS CONTRIDUING	- Tac yrs
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ☑
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	(State)
OF Not while INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID INJURY OCCUR?
	bed above, held an Autopsy 🖂, Inspection 🗷, Inquiry 🗷, and
	lent [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE Frank & Bross hart	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETER REMOVAL (Specify): 12855 Parkers	D. 12 .00
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1.24. FUNERAL DIRECTOR ADDRESS
REG. 12/6/55 Renie M Thompson	The SH Henry & 2901-14 Street
	Soul De

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Silver Spring. Maryland

'S. A15



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	WRITE
	PI.EASE

VS. A15A - 5 - 53

12089	12150
tems & MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 4-42
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATEMARYLAND COUNTY MONTGONERY
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN TAKOMA PARK LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN TAKOMA PARK
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7801 TAKOMA AVENUE	STREET (If rural, give location) ADDRESS 7801 TAKOMA AVENUE
S. NAME OF (First) (Middle) DECEASED: (Type or Print) FROST — MII	
Male Wilte Wildowed Aug	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 68 yrs Months Days Hours Min.
Toa. USUAL OCCUPATION (Give kind of work life, even if retired): Real Estate 105. KIND OF BUSINESS O INDUSTRY: Own Business	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Daniel Mills	Laura Ellen Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) (If Yes, give war or dates of no service) 577-09-7891-A	Lt. Col. Morris H. Mills, 800 Kerry Lane
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH;	Chevy Chase Ad Between Onset and Death carbon monoxide poisoning (Suicide)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	In auto in excused Garage
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	✓ ✓ 20. AUTOPSY? Yes ⋈ No □
PRIMARY ☐ or CONTRIBUTING ☐ 21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY	**
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while NJURY M. work at work	at home in an enclosed garage
find that death resulted from: Natural causes [], Acciding Signature	bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DATE SIGNED LEXAMINER DATE SIGNED

12/9/55 | For REGISTRAR'S SIGNATURE DATE REC'D BY-LOCAL Lincoln Cemetery | Prince Georgia County, Mid.

24 FUNERAL DIRECTOR 8434 Ga. ADDRESS

Washelw to Tumpkrey Silver Spring. Md

E _a		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1215	51
Marin	Thu T	12171 CERTIFICATE OF DEATH Reg. Dist.	. No. 215	**** **
FA	illy.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	Dinwi ddi	e
•	m of information carefull death clearly and legibly.	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda Rural HOSPITAL OR CITY(If outside corporate limits, write RURAL OR OR TOWN /cithesda //Petersburg STREET (If rural give location)	nt/stolne 1/V	t town)
	orm	INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	437 Harri	son
	inf	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (1	Day) (Yes	ur) 3 t.
	of	DECEASED: OF Carpet or Print) Mary Barner Morrison DEATH: Nocember	3 19	55
	ite of	5. SEX. 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): Widowed 11-23-73 9. AGE last birthday if under the Months D	YEAR IF UNDER !	Min.
ŊĊ	causes	even if retired) Houswife Housewife Virginia	CITIZEN OF COUNTRY? US	WHAT
Idi	Supply te the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:		
RVED FOR BINDING	Sup te t	John Barner Pattie Criss Pride Grigg		
	INK. Su	(Yes no, or unk.) (If Yes, give war or dates of service) a social security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or dates of security No. (If Yes, give war or da		
	DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BE	DEATH
SE	UNF	ANTECEDENT CAUSE (S)	- Washes	Y VI SATIS
ARGIN-RESERVED	WITH UNFAI	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUE TO		
I.R.G	WI nt.	(C) V III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
MA	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
		19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY7
_		21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c WHERE DID (City or town) (Count OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (Sta	ite)
	P 20	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while		
	Se is	22. I hereby certify that I attended the deceased from 3 Dec., 1955, to 3 Dec., 1955 that I last		
- 53	<u>다</u> &	BIGNATURI // / / / / / / / / / / / / / / / / /	stated above re signed	ž.
- 10		A. G. WEBE TEG, MC, COSNE U. S. Naval Hospital, NNMC, Bethesda, Maryland 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or		Ta. 77
15-	₫.	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) Burial 7 Dec 1955 Bhanford Cemetery Petersburg, Vi		(State)
S. A1	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MOTTIS and Sons Funeral Home		
		3 Dec 1955 Mary C. Farrelly Petersburg, Virginia		

I

DEC

Arlington National Cemetery

Arlington, Virginia

Wilson Blvd Arlington, Va.

4

国

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR 1 Dec 195

REGISTRAR'S SIGNATURE

C A ?

Mark.

VS. A15-10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
19173	<i>-</i>				

12173 CERTIFICATE OF DEATH

Reg. Dist. No. 2153

Š	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
legibly	MONTG	MI M		
50	COUNTY	STATE NIC COUNTY NONTGOMERY		
7	City (If outside corporate limits, write RURAL) LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)		
and	TOWN FAIRLAND 22485 Md			
	HOSPITAL OF	STREET (If rural give location)		
E	INSTITUTION OR RTA, SILVER SPRING	I ADDRESS 7 /) +		
clearly	STREET ADDRESS / OT	KTZ, SILVER DPRING		
	A	(Last) 4. DATE (Month) (Day) (Year)		
death	(Type or Print) DRUSIE NU	1LLEN DEATH DEETH 16, 1955		
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE			
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORGED. AUGUS (Specify) ARRIED AUGUS	Months Dave House Me		
96	IOA USUAL OCCUPATION GIVE kind of 108. KIND OF BUSINESS	11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
3113	work dint during most of working the. OR INDUSTRY: EVEN THE MAKEK WN HOME			
C		WAYNE COUNTY, W. VA. USA		
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
write	JOHN DATES	VIRGINIA LEE BENCH		
	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: (RURRY) BURTONSVILLE,		
	(Yes, no or unk.) (If Yes, give war or dates			
se	4 2 2			
pleas	18. MEDICAL CERTIFICATI I' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION INTERVAL BETWEEN		
P ₁		The sealth		
873	IMMEDIATE CAUSE (A) As propley	teusin 10 yes		
Physicians	DUE TO			
sici	ANTECEDENT CAUSE (8)	Temperin		
ıys	DISEASES OR CONDITIONS, IF ANY. (B)	10 912		
딥	STATING UNDERLYING CAUSE LAST.			
يَّد	(C)			
LaT	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
important.	DISEASE OR CONDITION CAUSING DEATH.			
du	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
Ξ.		YES TO NO KY		
II.y	A CONTRACTOR PROPERTY OF THE PLACE (Name from fact			
ecia	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm. fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1f either, notify medical Examiner)	ory. 21c WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
8 0 0	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?		
	OF INJURY M. While at work at work			
60		* 10t/ 1 nes 1056 h 1 1 1 1 1 1 1		
90	22. I hereby certify that I attended the deceased from . Lype	4.4		
65	alive on Dec /2, 19 2. , and that death occurred at			
orrect	SIGNATURE	ADDRESS DATE SIGNED		
Bonifard M.D. Judy Sputz, Med, 13/16/5.				
CC				
	BURIAL (SPECIFY) DEC. 19, 1955 GEORGE WA	SHINGTON CEM. RIGGS Rd. PRINCE GEOGO MY.		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 2 ADDRESS AND ADDRESS		
	REGISTRAR			



MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	12154
12090 CERTIFICATI	E OF DEATH Reg. Dis	t. No. 223.
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, Afte RURAL LENGTH OF STAY (In this place) TOWN Takomar tark HOSPITAL OR INSTITUTION OR STREET ADDRESS Mastington Sanitarium y Hospital	2. USUAL RESIDENCE (HOME) OF DECEASE STATE DARYAND COUNTY MOST CITY(If outside corporate limits, write RURAL OR TOWN Silver Spring STREET ADDRESS 4404 Edgebrook K	gomery and give negrest town)
DECEASED: (Type or Print) Hermalee 5. SEX: 6. COLOR OR 7 SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Married OA. USUAL OCCUPATION (Give kind of working life, even if retired): Sceretary OR ACCOUNTING OFFICE COLOR OF TOWNSON OR INDUSTRY: OR INDUSTRY: OR ACCOUNTING OFFICE OR ACCOUNTING OFFICE OR OFFI	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Ollie Faire hild 17. INFORMANT & ADDRESS: Husband Paul J. Nellipowitz	Same as abou
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)	+ Cerebell or abscess so right bedien	interval Between onset and Death Sally)

NO T

were and

causes MARGIN RESERVED FOR BINDING Supply the FATHER'S oha IS. WAS DECEASED INK. (Yes, no, or un) no please UNFADING DISEASES Physicians: IMME ANTECEL DISEASES OR WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WRITE PLAINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? especially 218 PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21c WHERE DID (City or town) (County) (State) 21A ACCIDENT WAS UNDERLYING [] INJURY OCCURT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work OR

19 I that I last saw the deceased 22. I hereby certify that I attended the deceased from M, from the causes and on the date stated above \$00 \$5 and that death-occurred alive/on/ SIGNATURF

TYPE correct PLEASE LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATION. DATE THEREOF BEMOVAL (SPECIFY) 1955 REGISTRAR'S **ADDRESS** DATE REC'D BY LOCAL

10 A15 vi carefully. legibly.

every item of information

and

clearly

death

REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1917\$ OPPORTUGATE OF DEATH

g. Dist. No. 216

		12113 CERTIFICATE C	JE DEATH Reg. Dist.	No. 621 6
item of information carefully.	÷.		USUAL RESIDENCE (HOME) OF DECEASED	;
efu	<u>ا</u> ۾	Montgomery	STATE Maryland COUNTY Mont	gomerv
T B	and legibly	COUNTY Maryland MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	
[1] H	9	OR and give nearest town) (in this place)	OR	V
- A		X TOWN Kensington	STREET (If rural give location)	
E .	습니	HOSPITAL OR INSTITUTION OR	ADDRESS	1
į.	clearly	9 ASTREET ADDRESS Carroll Hall	4526 Avondale Street	
in	Ç	3. NAME OF (First) (Middle) (Last	OF	hy) (Year)
of	death	DECEASED: (Type or Print) Grace G. PARE	ENT DECEMBE	er 8 19 55
E	de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE: WIDOWED, DIVORCED,		
Ĕ. ,	of	Female White Specify: Widowed April 17	7, 1879 76 yrs. Months 21	ays Hours Min.
every	83	IDA USUAL OCCUPATION (Give kind of, 108 KIND OF BUSINESS II.	. BIRTHPLACE (State or foreign country): 12.	
۾ رو	causes	work done during most of working life, OK INDUSTRY:	lassachusetts	USA
			MOTHER'S MAIDEN NAME:	
Supply	the		acarbina Jannings	
Su	\$		osephine Jennings	
K K	write	IS. WAS DECEASED EVER IN U.S. ARMED TORCES		a Thoma #2
FOR INK.		No of service) None IVI:	iss Katherine A. Parent-Sam	le Item #2
	please	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
	ĺα	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
SRVE	100	331X Cerebras	/ raseular accident	9 days
SE F	ang	DUE TO		
REST	Physicians:	DISFASES OF CONDITIONS, IF ANY, (B) 477 2710	Schrosis generalisal	41111
ZE	hys	GIVING RISE TO THE ABOVE CAUSE DUE TO	1	7
WITH		STATING UNDERLYING CAUSE LAST. (C)	V	
MARGIN RESERVED Y, WITH UNFADING	nt.	TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
K K	rta	1 TO THE DEATH BUT NOT RELATED TO THE		
MAINLY	important.	DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY1
AII	im	TAL DATE OF GLENATION.		YES NO E
PL,	N		21c. WHERE DID (City or town) (Count	y) (State)
	especially	21A. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH OF INJURY Street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
WRITE	SDe	210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED :	21F. HOW DID INJURY OCCUR?	
A		OF INJURY While While at work at work		
~	5/2		, 1954, to Dec , 1955, that I last	case the deceased
0	age		A T	
12		alive on . Dec 7, 1955, and that death occurred at 10	M, from the causes and on the date:	stated above. E SIGNED
TYPE	ec	SIGNATURE	Batios da mal	
	orrect	M. D. 23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY	WY I A SIGHT IN THE	The state of the s
A SE	C	BEMOVAL (CREATEV)		C.
PLE		Burial 12-10-55 Rock Creek		ADDRESS
. 2		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	11/2 1/2 / 2/2	
		12/10/55 Kjasel M. mompeon W	sales a funtymely Be	thesda, Md.

S'A II

ect

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	COL	MEDICAL EXAMINER'S CER	KITHICATE OF DEATH	No 1 1.
		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	of information carefully. The of death clearly and legibly.	COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chevy Chase MARYLAND LENGTH OF STAY (In this place)	STATE Maryland COUNTY Montgo CITY (If outside corporate limits write RURAL and OR TOWN Rural- Silver Spring	mery give nearest town)
	n carely and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 8147 Conn. Ave.	STREET (If rural, give location) ADDRESS 11604 Newport Mill Roa	ıd
	matio clear	3. NAME OF (First) (Middle) DECEASED: (Type or Print) PETROS D. PET	(Last) 4. DATE (Month) (Day OF DEATH Dec. 30, 1	
	infor leath	RACE: WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months De	
NG		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired Manager 10b. KIND OF BUSINESS (INDUSTRY: Grocery Store	OR 11. BIRTHPLACE (State or foreign country): 12. Washington, D. C.	COUNTRY! USA
DI	it ige	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING	ery iter	Demetrios Petrides	Evangelia Psiras	
FOR B	oly ev	16 Was Deceased Eyes In U.S. Armed Forces 7 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of service) 577-34-2618	17. INFORMANT & ADDRESS: Barbara E. Petrides-Item # 2	
	riti.		CAL CERTIFICATION	1 *
	Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
RESERVED	INK.	Immediate cause (a)		Suadan
	ADING icians:	Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	DE LIVER	Sudden
115	FA.	stating underlying cause last (c) RUPTURE	OF LIVER	Sudan
MARGIN	H UNFAI t. Physici	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☑ No □
	Z,	21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING OF Street, office bidg., et injury critical line.	ry, 21c. (City or town) (County)	(State)
	Z	21d, TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	211. HOW DID INJURY OCCUR?	191.9
	AI	OF INJURY 12-30-55 10'10 A M. While at work with at work		aldery
	re PLAINLY, especially im	22. I hereby certify that I took charge of the remains descr	ribed above, held an Autopsy ZI, Inspection [, Inquiry 🔲 , and
	Es es	find that death resulted from: Natural causes [], Acc	cident Q, Suicide [], Homicide [], Undeter	mined cause [].
	WRITE ige is esi	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM	12-30-55
		23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	M. D. ASSISTANT MEDICAL EXAM. ERY OR CREMATORY LOCATION (City, town, or co	9-00
	SE	Burlal Specify: 1-2-56 Ft. Lincoln		
	PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 VINERAL DIBECTOR	
	PI	12 REG31 - 55 Bersie M. Hompson	Robert A Chromphry Bethes	da, Md.

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4	12177 CERTIFICATE OF DEATH Reg. Dist. No.	. 216
fully.	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED	<u> </u>
tion carefully and legibly.	COUNTY Manufamery MARYLAND STATE Maryland COUNTY Manufamer COUNTY Manufame	lomery ive near town
arly an	HOSPITAL OR STREET (IF TUTA) gift location) INSTITUTION OR HOSPITAL ADDRESS TOWN SILVEN STREET (IF TUTA) gift location) ADDRESS TISTREET ADDRESS	, ,
of death clearly and	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: 7 1	(Year)
of death clearly		19 55 If under 24 Hrs Hours Min.
causes		ZEN OF WHA
write the		
		4 Charlie
please		SET AND DEAT
Physicians:	ANTECEDENT CAUSE (8) OUE TO OUE TO	whom
rnysic	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	- Merster
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	year
	That 55 Chronic Chou a gold - 1000 FOMES CALLO	O. AUTOPSYT
especially	21A ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(State)
is esp	M. at work st work	
200	22. I hereby certify that I attended the deceased from 12 200, 195, to 5 Dec., 1953, that I last saw alive on 5 Dec., 1993, and that death occurred at 9 M from the causes and on the date state	v the decease
orrect	SIGNATURE SI DATE SI	hs. 12/w/
ě (DEC 8, 1955 PAKILLAWN GEMETERY TOCKVILLES	Md. (State

图15C 1-55 10Ⅲ

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INSTRUCTION

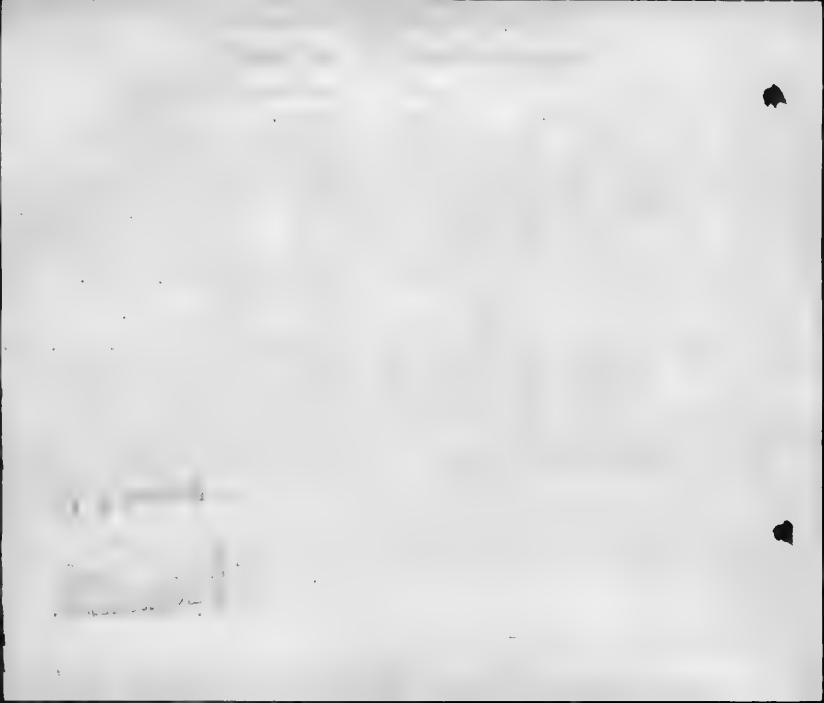
ars after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12178 CERTIFICATE OF DEATH

12159

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	BED
COUNTY Montgomery	MARYLAND	STATE Md.	COUNTY MOI	ntgomery
CITY (It outside corporate limits, write RURAL OR end give neares lown)	LENGTH OF STAY (In this place)	CITY (II outside corpore OR	te limits, write RURAL end give	
Flown Rural, Poolesville	9 vears	TOWN Rural	. Poolesvill	l e
HOSPITAL OR		STREET ADDRESS	(Il rurel give loceth	
INSTITUTION OR STREET ADDRESS RATE		RFD		
3. NAME OF (First)	Middle)	(Last)	4. DATE (Month)	(Dey) (Yees)
(Type or Print) Daniel Gre	gorv R	ash	DEATH Dec.	23 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, B, DATE OF			DER 1 YEAR IF UNDER 24 HRS.
M RACE WIDOWED, DIVI	orced, rried 3/23	/ 1877	78 yrs. Month	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KINI	O OF BUSINESS	11. BIRTHPLACE (State or loreign		12. CITIZEN OF WHAT
	INDUSTRY	111		COUNTRY?
refired carpenter bui	lding	Warfordsbur		U.S.
Thomas Rash 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Mary Ship	lev	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	SOCIAL SECORITI NO.			
no .			D. Rash. Si	11 Spng Me
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		ONSET AND DEATH
IMMEDIATE CAUSE (A) Core	bral Vascul	ar Accident		Minutes
ANTECEDENT CAUSEIS) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8) ATTO	riosclerosi	s, cerebral	vessels	Years
STATING UNDERLYING CAUSE LAST. DUE TO	7.4 2 4			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ralized art	eriosclerosi	8	Years
TO THE DEATH BUT NOT BELATED TO THE	donal anotic	heart disea	as hansakar	
DISEASE OR CONDITION CAUSING DEATH. AFTOR		Hear LISES	se, my per ter	2D AUTOPSY?
				YES NO E
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, fectory, ffice bldg., etc.}	ic, WHERE DID INJURY OCCUR?	(City or town) (C	County) (Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. White At we want	Not while	TH. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the decea	sed from Dec	, 1955, toDe.c.		at I last saw the deceased
alive on 11/28 , 19.55 , and				
SIGNATURE -	2		ESS (Street, city, town, state)	
Gum J. Mendan	M.D. Dr	rematory Theater	Bldg Domes	scus, Md
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	REMATORY	LOCATION (City, town, or con	unity) (State)
Burial 12-26-55	Neelsville		Gerrantown	l.a
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS 272
12/28/55 Charles W.	Elain pendy	Ernest C. G.	artner. Gait	hersbur



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Mant County		2. USUAL RESIDENCE (HOME) OF DECEASED STATE			
Montgomery MARYLAND CITY (Il outside corporate limits, write RURAL and LENGTH OF STAY		STATE Maryland COUNTY Montgomery CITY (II outside corporate limits, write RURAL and give nearest town)			
OR give negrest	town)	(in this place)			give nearest town)
HOSPITAL OR	ver Spring		TOWN SILVE	r Spring	
INSTITUTION OF	ss 902 Silver S	inming Assense	ADDDECC		
3. NAME OF	(First)			Silver Spring A	
DECEASED	JOHN	(M.ddle) LUPTON	(Last) REA	4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX	6. COLOR OR RACE	7 SINGLE, MARRIED,	APA 6. DATE OF BIRTH	DEATH Dec.	
Male	White	WIDOWED, DIVORCED, (Specify) Married	11/2/04	9. AGE last birthday II und 51 yrs. Mont	he Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Butch	er	INDUSTRE	Greenwood, Vi	rginia	Country?
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
William Re			Gertrude		
(Yes, no. or unknown)	ER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY NO.		ADDRESS	
yes	(If yes, give war or dates (service) 2/6/23-	" 223-14-3330	IMrs. Emily H. I	Rea, 902 Silver	Spring Ave.
	2/17/26	18. MEDICAL CE	RTIFICATION	Silver Sprin	g, Md.
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	_	The or and has	& Thank	<u>_</u>	91
Immediate	cause (a)	11/1	29-		32-
Anteceden	t cause(s)	10			4 0
Diseases or c	enditions, if any, (b)				
stating the u	nderlying cause last				
	(e)				
11. OTHER SIGNIFI	CANT CONDITIONS ting to the death but not				
related to the diseas	e or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY!
					Yes No D
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown) (count	Y) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
			40		
22. I hereby certi	fy that I attended the	e deceased from	-, 197. O., to	that I last	saw the deceased
slive on 2-/	day. 1955 an	d that death occurred at	6 A. m from the	estress and on the data	stated share
SIGNATURE		(Degree or title)	ADDRESS	causes and ou the date	DATE SIGNED
F13.0	MO	~ 1 M	- 1 22 1	· 2. 21	Lee. 1755
at DUDILL CDU	A THE ONLY IN THE PARTY OF THE OWNER, AND THE OWNER	7.	NV 00 00000	P(/	
BUTIAL CREMA	12/23/5		at'l. Cemetery	Arlington, Vi	
DATE REC'D BY	LOCAL KEGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR .	ADDRESS
12-22-66	7 .2.	e tolen	Warner Co. Tur	uphrey, 8434	
				V (Silver 3	pring, Ma.

Dic

REGISTRAR

DECEIVED

BUREAU V. S.

FUNERAL DIRECTOR

ADDRESS

DATE REC'D BY LOCAL

REGISTRAR

SECENTED SEC

DEC 58 1822

BUREAU V. S.

VS

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2/

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY ///C)24 MARYLAND	STATE Maryland county Montg	omery
	CITY (If outside corporate limits write RURAL and	give nearest town)
CITY (If outside corporate limits, write RURAL OR and give negrest town) TOWN (In this place)	TOWN Colesville, Silver Sprin	g
HOSPITAL OR INSTITUTION OR STREET ADDRESS/ Storily Er Gen About	STREET (If rural, give location) R.F.D.#2	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Chucke Robi	DEATH 12 - 25	1955-
8 SEX: 6 COLOR OF 7 SINGLE MARRIED. 8 DATE	OF BIRTII: 9. AGE last birthday: IF UNDER 1 YE	
Male White caspecumarried April	14, 1918 37 yrs. Months Day	Hours Mln.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired): Landscaper	m/JJJJJJJJJ 112 12 12 17 17	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Pryin Robinette, Orbin	Nora Mae Gilliam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	ir. Reed, Funeral Director, Kingsp	
	AL CERTIFICATION Kingsport, Tennes	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause (s) Diseases or conditions, if any, (b)	mani.	7
Antecedent cause(s)	nt-t	5
Diseases or conditions, if any, (b)	Market	
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes X No 🗀
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. INJURY	, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \[\begin{array}{c} & & & & & & & & & & & & & & & & & & &	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🔼, Inspection 🗌,	Inquiry [], and
find that death resulted from: Natural causes , Accie	dent 🗆 , Suicide 🗀 , Homicide 🗖 , Undeteri	mincd cause 🔲 .
SIGNATURE JOSEPH & Browtinet	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	/2.~ 2 Y-S3
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER TRANS. & BURIAI 12/25/55 Robinette Ce	retery LOCATION (City, town, or country) Wise County, Virg	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDDESS
REG. 12 - 2 1 1-1 - 1 12 12 12	71/1/1/1/ / Y 1/1/1/ 0434 GE	orgia Ave.

DA CYTUT

DEC R : . .

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 216
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTE MARYLAND	STATE Maryland COUNTY Montgo	omery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LILLICITE LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and TOWN Takoma Park	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jufurban Hosp	STREET (If rural, give location) ADDRESS 8300 Flower Ave.	
S. NAME OF DECEASED: (Type or Print) (First) (Middle) Convey	(Last) 4. DATE (Month) (Day) OF DEATH Dec 24	(Year) 195-5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIAD, 8. DATE WIDOWED, DIVORCED, 10-2	E OF BIRTH: 9. AGE last birthday: IF UNDER I YIM Months De	
10m. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY: even if retired): Hadio Repairman hadio	R 11. BIRTHPLACE (State or foreign country): 12. Washington, D.C.	CITIZEN OF WILAT COUNTRY! USA
IS. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
kalph B. Sadler	Llla S. Gares	
15 WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY NO.:	17. 1NFORMANT & ADDRESS:	
Yes service Korean yes	Julia H.Sadler- Item# 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Cerebral Reduced Re	al certification	INTERVAL BETWEEN ONSET AND DRATH
stating underlying cause last (c)	dent	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21s. EXTERNAL CAUSE WAS PRIMARY Of or CONTRIBUTING OF Street, office bldg, etc. CAUSE OF DEATH.	" BeTherda Monty	(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY / 2 - 2 9 - 5 5 - / 25 AM. While at work (2)	driver in sente Recode	u fr
22. I hereby certify that I took charge of the remains described in the control of the remains described in the control of the		
find that death resulted from: Natural causes [], Accid	chief medical examiner DEPUTY MEDICAL EXAMINER	DATE SIGNED
E hand the later of how . The		12-21-55
28. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	M. D. ASSISTANT MEDICAL EXAM. ASSISTANT MEDICAL EXAM.	/2-21-55- intr) (State) inia
28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	M. D. ASSISTANT MEDICAL EXAM. ASSISTANT MEDICAL EXAM.	inty) (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

e correct

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S A :

DE LA COLLI

Reg. Dist. No. 223

	12000 CERTIFICATI	E OF DEATH Reg. Dist	L. No.
every item of information carefully auses of death clearly and legibly.	1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefull legibly.	A /	Maguel 1 M	1.
i i i	COUNTY / fontyomery MARYLAND	STATE / I ARY LAND COUNTY MON!	gomery
d 1	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	OR	and give nearest town
noi:	1 TOWN Takona lock 12 days	TOWN Silver Spring	
na ly	HOSPITAL OR	STREET (If rural give location)	
	STREET ADDRESS Hachington Januariums Hospital	ADDRESS Heart O	
informat clemrly		(Last) 4. DATE (Month)	(D)> (NF)
1 5	DECEASED: 9/	. / OF -> /	(Day) (Year)
em of i d∎ath	(Type or Print) (RRda (none) Sel	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED DIVORCED,	Manthal I	Days Hours Min.
11 12	Fe Thite (Specify) Thornied Upril	20. 1888 67 yrs. Months	Days Hours Min.
every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
. A B	work done during most of working life. OR INDUSTRY:	Canada	COUNTRY
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	Imerican -U.S.
Supply	7 2 1	1	
Su	Joseph 1. 15	eannie Lamont	
	18 WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates none		6002
G IN	18. MEDICAL CERTIFICA		INTERVAL BETWEEN
D N od	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	() (unraleman)	ONSET AND DEATH
		the the state of t	
13 Y. (IMMEDIATE CAUSE (A)	" celesphant (4th Vintricle)	12 Days.
TH UNFA	ANTECEDENT CAUSE (8)	7	0
is d	DISEASES OR CONDITIONS, IF ANY, (B) Ayperlen	sine Heart Disease	10 yro:
HA	GIVING RISE TO THE ABOVE CAUSE DUE TO		
TI d	STATING UNDERLYING CAUSE LAST.		0
AINLY, WITH UNFADING INK. important. Physicians: pleass wr	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
t t	TO THE DEATH BUT NOT RELATED TO THE		
D 0	DISEASE OR CONDITION CAUSING DEATH.		_
E E	19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
L'A			YES NO
WRITE PLAINLY sespecially import	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.		ity) (State)
Sci E	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	
RISP	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
≥ *	OF INJURY While at work at work	3	
व्य छ		10 10 38 16 Ledo 1055 that I less	
E O	22. I hereby gertify that I attended the deceased from	10 19 38 to 1000, 1950, that I las	t saw the deceased
चित्र	alive on the 20 195, and that death occurred at	A M, from the causes and on the date	stated above.
당당	SKINATURE A . W		TE SIGNED
SE TYI	(ranch (stoughly III . 724.	Swart of slus frem / Hd	12-20-55
50	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, o	
PLEASE TYPE OR correct age is	Burial 12/22/55 Arlington Na	t'l. Cemetery Arlington Count	y, Virginia
Ę	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Ē.	REGISTRAR, 2 10 - 77	State Sinector 8434	ADDRESS

DEC DEC

(Dicy)

Daya

(Year)

Hours

ONSET AND

20. AUTOPSY

(State)

YES [

DATE SIGNED

(County)

S

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

A15

S

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12184 CERTIFICATE OF DEATH

g. Dist. No. 215

w.e.	TAIOA OPHILI	reg. Dist. No.				
Z.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
gib	COUNTY Montgomery MARYLAND	STATE Indiana COUNTY				
and legibly	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) (in this place) 2mo 20 days	CITY(If outside corporate limits, write RURAL and give nearest town)				
learly	HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 226 Leyte Avenue				
death clearly		LTZ DATE (Month) (Day) (Year) OF DEATH: December 21 19 55				
of	5. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married 3-7-2	9. AGE last birthday Ir UNDER 1 YEAR IF UNDER 24 HRS. 8 29 yrs Months Days Hours Min.				
causes	10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Housewife	ri. Birthplace (State or foreign country): 12. CITIZEN OF WHAT Indiana				
he	13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
ite t	Verner MULHAUPT	Violet KANABASHUE				
please write the causes	(Yes, no or unk.) (If Yes, give war or dates of service) 18. SOCIAL SECURITY NO. Unknown	Hustand Gerald F. SHULTZ Same as above				
ea	18. MEDICAL CERTIFICATI					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A A - O DEATH				
	IMMEDIATE CAUSE (A) CONUMERICA	aleliclasse of sungs have				
cian	ANTECEDENT CAUSE (8)					
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) MUMULE DUE TO	adenocaremonia of Coton 4 months				
ıţ;	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
por	DISEASE OR CONDITION CAUSING DEATH.					
	194. DATE OF OPERATION: 199. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	etc. INJURY OCCUR7				
is est	21F. HOW DID INJURY OCCUR?					
es es	22. I hereby certify that I attended the deceased from 21 De	c 19 55 to 21 Dec 19 55that I last saw the deceased				
correct ag	alive on 21 Dec . 1955, and that death occurred at	L:50A M, from the causes and on the date stated above. ADDRESS DATE SIGNED				
OLL		tel, NNMC, Bethesda, Maryland				
Ü	Burial CREMATION, DATE THEREOF NAME OF CEMETE 26 Dec 1955 Memorial Cer	metery Kishawaka, Indiana (State)				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 21 Dec 1955 Plane 6. tasselly	24RINATA FENERAL Home ADDRESS 816 H Street, N.E. Washington, D.C.				



12185 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	EXAMINER'S	CERTIFICATE	OF	DEATH	NI- A	, 1
MEDICAL	BAKAMATI VISIT S	CISICIAN	OI.	DEFE	NO.	1

MEDICAL LARIANTICAL SCALE	THE NO. 27 1:
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MORTZAMINY MARYLAND	STATE MICH COUNTY Monly
CITY (If outside corporate limits, write RURAL OR and give nearest fown) Y TOWN (In this place)	OR TOWN formantim R-2 (Mich)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DUNCE Ad	STREET ADDRESS Derrica Rd.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Solut Eline	Clast) 4. DATE (Month) (Day) (Year) OF DEATH OE 13 195" 195"
5. SEX: 6. COLOR OR RACE: 7. SINGLE. MARRIED, WIDOWED, DIVORCED, (Specify): Married Mor.	20 1910 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	Carrie Lekelslack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17 INFORMANT & ADDRESS: Lack formanto mail
18. MEDICA	L CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immédiate cause (a) Intracire Turn DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	
stating underlying cause last (c) the to the	Im wond
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	V
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No □
21s. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING OF Street, office bldg., etc. INJURY	" German by - R. 2 Monto mit
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY / 2 - / 3.55 S Cy / M. work □ at work □	Stert by 200
	bed above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and dent ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐. CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
Trank O O Drone horet	M. D. ASSISTANT MEDICAL EXAMINER
	ch Cometery Germantown med.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21 MINERAL DIRECTOR, ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.

BINDING FOR MARGIN RESERVED

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every item of information

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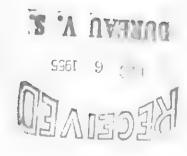
COUNTY

Y TOWN

clearly	HOSPITAL OR	STREET (If rural give location)			
lea	STREET ADDRESS U.S. Naval Hospital, NNMC	1865 Monroe Street, NW			
,ci	DECEASED.	(Last) 4. DATE (Month) (Day) (Year)			
death	(Type or Print) Mildred Bruce	SMITH DEC 4 19 22			
Ď	RACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday if UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.			
s of	Female White (Specify): Widowed 26 JA]	N 1874 81 yrs Months Days Hours Min.			
causes	10A USUAL OCCUPATION (Give kind of tob KIND OF BUSINESS work done during most of working life, even if retired): Housewife None	Maine (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? United States			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	BRUCE SMITH	Unknown			
write	IS. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Daurice B. ROMAN			
	(Yes, no, or/unk.) (If Yes, give war or dates Unknown	1865 Monroe Street, NW, Washington, D.C.			
please	18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN			
[d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
603	33/XIMMEDIATE CAUSE (A) Wrote 107	neumonia becalera / dan			
Physicians:	ANTECEDENT CAUSE (8) DUE TO P				
Si	DISEASES OR CONDITIONS, IF ANY. (B) Urebral facular Medicine Month				
띺	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.				
	(C)				
E L	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
Orl	DISEASE OR CONDITION CAUSING DEATH,				
important.	194. DATE OF OPERATION; 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	_ \$	YES NO			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)				
is esp	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
age i	22. I hereby certify that I attended the deceased from 25 Nov, 1955., to 4 Dec , 1955, that I last saw the deceased				
correct ag	alive on 4 Dec . 155 and that death occurred at 3:15 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED LTJG Alexander G. WEBB, Jr., MC USNR, US Nayal Hospital, NNMC, Bethesda, Md. 4 Dec 1955				
COI	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)			
	REMOVAL (SPECIFY) RBrial 7 Dec 1955 Cedar Hill	Cemetary Suitland, Maryland			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 Pracy C. Farrelle	HINES Function Home Address 2901 14th St N.W. Washington, D.C.			
THE STATE OF THE S					



DATE REC'D BY REGISTRAR



CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATIL: USUAL RESIDENCE (HOME) OF DECEASED: legibly. Montgomery STATE Maryland COUNTY MARYLAND COUNTY Worcester CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) carefully. OR and give nearest town)
TOWN Bethesda (in this place) OR Snowhill. and HOSPITAL OR (If rural give location) STREET The Clinical Center INSTITUTION OR ADDRESS STREET ADDRESS Market Street Bethesda, Marvland clearly information 3. NAME OF (Year) (Middle) (Last) 4. DATE (Month) (Day) (First) DECEASED: Stanford DEATH: December Ethel Mae (Type or Print) death 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 5. SEX: 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. S. COLOR OR Months Days Hours Female July 28, 1903 Jo 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, INDUSTRY: item even if retired): Housewife Virginia U.S.A. causes 14. MOTHER'S MAIDEN NAME: IS. FATHER'S NAME: ery Samuel Matthews Lilly Elliott 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES! | 16. SOCIAL SECURITY NO.: | Supply (Yes, no, or unk.) (If Yes, give war or dates of No The Medical Record, The Clinical Center service) None write 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Grapto coccus meningitis Immediate cause UNFADING (b) Panhapopititarism Antecedent causes (s) Physicians Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 20. AUTOPSY ! 19s. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yen M No 21. ACCIDENT (STATE) (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) INLY, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) especially INJURY OCCURED HOW DID INJURY OCCUR? Not While At Work While at PLA INJURY 22. I hereby certify that I attended the deceased from Oct. 20 ... 1955, to Dec. 19 ., 19..55, that I last saw the deceased alive on Dec. 19, 1955, and that death occurred at ... 国 4 M..., from the causes and on the date stated above. E WRIT The Clinical Center, NIH, Bethesda, Md. 23. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 02 Cens

O. A.10

PLEA

DATE REC'D BY LOCAL!

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TAIL OF

	e 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI	E, 18
	y. The	12190 CERTIFICATE OF DEATH	eg. Dist. No. 216
-	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF D	PECEASED:
	tion carefull and legibly.	COUNTY MENGRAPHING CITY (If outside corporate limits write RURAL OR and give pearent town) ARRYLAND STATE M.O. COUNTY CITY (If outside corporate limits, write (in this place)) OR and give pearent town) ARRYLAND STATE M.O. COUNTY CITY(If outside corporate limits, write or county) OR TOWN When I on	RURAL and give nearest town)
	every item of information auses of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 3915 Welle	r Road
	m of in death c	3. NAME OF (First) DECEASED: Agnes Bridget STroug DEATH: 12	
	ry item	Formal White Specify: 11-1890 90 65 Hors. M	TONDER 1 YEAR IF UNDER 24 HRS Min.
ING		OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY: even if retired act of oreign country or industry: 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	y): 12. CITIZEN OF WHAT
BINDING	K. Supply write the c	Dennis Conrol Elizabeth +	lannon
FOR	Se IN	(Yes, no, or unk.) (If Yes, give war or dates Vincent Strond - 50n	- above
QD .		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RESERVED	ADI s:	IMMEDIATE CAUSE (A) Emphysima	25 yrs)
20	NE	ANTECEDENT CAUSE (8)	
MARGIN R	WITH UNF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	50 yrd
RG	\vdash	(c) Clubral Remarrhage with below	moteria 12 Klas
MA		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	NL	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION	
	PLAINLY, W		YES V NO
	WRITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR?	(County) (State)
	- m	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	OR.	22. I hereby certify that I attended the deceased from Dec 15, 19. To Dec 2195), the	at I last saw the deceased
0 - 53	TYPE rect ag	alive on Dac 20., 1955, and that death occurred at 21 M, from the causes and on the significant	DATE SIGNED 12/1455
A15 — 1	PLEASE TY1	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, REMOVAL) (SPECIFY) 12/23.55 MJ. Clivet Name	town, or county (State)
VS. A	PL	DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR 3 POSTERAR BUSINESS BUSINESS Collins 3	821-14 th 90,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12095 CERTIFICATE OF DEATH

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Reg.	Dist.	No.	pho,	11

		12095 CERTIFICATE OF DEATH	Reg. Dist. No.
w 1	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF	DECEASED:
(Ann)	ib ef	D C	
	leg	COUNTY // C/17/2/12/12/12/14 MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY) CITY(If outside corporate limits, write	
		OR and give nearest town (in this place) OR	E NORAL and give hearest town)
	tion	17 TOWN takoma Park 17 days TOWN Waskingto.	a + · x ·
	ta >		/e location)
	item of information of death clearly and	I STREET ADDRESS Washing ton Britakium + Harital 1109 fere	_it 1'.W.
	و <u>ات</u>		th) (Day) (Year)
	em of i death	DECEASED: 17 // 1	10 10 17 -
	lea ea	(Type or Print) // dred / te DEATH. DEATH. DEATH. DEATH. DEATH. DEATH.	
	iter of	5. SEX: 6 COLOR OR 7. SINGLE MARRIED. 8 DATE/OF BIRTH: 9. AGE last birthday	Months Days Hours Min.
		1 10 1 1/4 0 1/6 1 1/4 0 1/6 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1	
-	every	IOA USUAL OCCUPATION Give kind of IOB. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign coun	
CS	ev	work done during most of working life, OR INDUSTRY:	COUNTRY
BINDING			7.0
	Supply te the c	13 FATHER'S NAME:	
Z	ur		
	K. Su write	11. WAS DECEASED EVER IN U.S. ARMED FOREST 19. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
R	XX	(Yes, no, or unk.) (If Yes, give war or dates	
FOR	Se IN	of service) LiC. Supple	2
		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
国	ZZ		ONSET AND DEATH
EV.	ADING s: plea	33/X Santenens Per Cerebral Hemore	has
至	FA	MINISTER CAUSE (A) AND COLORS	
留	P- 03	ANTECEDENT CAUSE (6)	
1	D 'š	DISEASES OR CONDITIONS, IF ANY, (B) CHIEFEL WILLIAS CLERGES	
Z	TH UN Physici	GIVING RISE TO THE ABOVE CAUSE DUE TO	
GI	WITH it. Phy		0-
MARGIN RESERVED	at.	S II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	recordo
M	ta:	TO THE DEATH BUT NOT RELATED TO THE	
	1 9	DISEASE OR CONDITION CAUSING DEATH.	
	AINLY, Wimportant	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	-4		YES NO THE
	PL lly	A COLOR OF THE COL	
	E-7 CD	21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, 21c, WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?	(County) (State)
	E 29	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	/RITE	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	3	OF INJURY	
	OR Se is		
		30 100 200 200 200 200 200 200 200 200 20	hat I last saw the deceased
	TYPE rect ag	alive on/2/2, 19 55 and that death occurred at 8 o M, from the causes and on	the date stated above.
	ct K	SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE SIGNATURE	DATE SIGNED /
4	T. P.	E Near Harding M.D. C	12/2/55
	SE TY	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OF CREMATORY LOGATION (CI	ty, town, or county) (State)
	₹	(REMOVAL (SPECIEV)	· 1 - 7 1
	LE,	Dunal 11-5:55 Ht Lincoln ilm fy Ling	g or Ind
	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1 24. FUNERAL DIRECTOR ME	ADDRESS
6		REGISTRAR - 1/2 - 2	Ll an it



BUREAU V

DATE REC'D

v)

LOCAL

1950-2 9. AGE last birthday IF UNDER LYKAR IF UNDER 24 HRS. Days 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ONSET AND DEATH 20. AUTOPSY: NO (County) (State) that I last saw the deceased , from the causes and on the date stated above, ATE SIGNED

3 A MIMM

DEC 2 DEC

12191 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH- COUNTY Montgomery MARYLAND	2. USUAD RESIDENCE (HOME) OF DECEASED COUNTY	Montgomery		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Bethesda (in this place)	CITY (If outside corporate limits, write RURAL and give or Town 204 W. Montgomery Av	nearest town)		
HOSPITAL OR JUSTITUTION OR Suburban Hospital	STREET (If rural, give location) ADDRESS Rockville	1		
3. NAME OF DECEASED (First) MARIE (Middle) TAYL	OR (Last) 4. DATE (Month) OF DEATH Dec.5,1	(Day) (Year) 955 - 19		
Female White Specify Married. (Specify Married)	8. DATE OF BIRTH 9. AGE fast birthday If under- Sep. 4, 1898 57 yrs. 3	1 year If under 24 hrs. Days Hours Min.		
done during most of working life, even if retired) HOUSEWII E WITH HOME	11. BIRTHPLACE (State or foreign country) 12. 10W8	CITIZEN OF WHAT		
Eugene H. Smith	14. MOTHER'S MAIDEN NAME Lilly Kidder			
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17 (If year, give war or dates of NOne	17. INFORMANT AND ADDRESS Walter A. Taylor- Item# 2			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause (a) Cardiac tamponac	de .	?		
Antecedent cause(s) Diseases or conditions, if any, (b) Rupture first par	t aorta	?		
giving rise to the above cause attating the underlying cause last (c) Median necrosis of aorta				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary heart	disease	?		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOFSY?		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Of office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	TO F. CO.		
22. I hereby certify that I attended the deceased from.	, 1946, to 5 Dec , 19 53, that I last so	w the deceased		
	ADDRESS and on the date sta			
WS Mundley MM))	Dec 55		
23. BURIAL, CREMATION DATE REMOVAL (Specify) Burial-Transit 12-7-55 Ferncliff	Westchester Co.	,N.Y.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1 1 - 5 5 Bease M. Show Rame	Wohe It is Simpley Bethes	sda, Md.		

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3. NAME OF

5. SEX:

Male

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DECEASED:

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218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) 21A. ACCIDENT WAS UNDERLYING [] (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED
While Not while 21F. HOW DID INJURY OCCUR? OF INJURY at work at work 0 22. I hereby certify that I attended the deceased from 1952 . 19... , 1953, that I last saw the deceased 团 M, from the causes and on the date stated above. 26.1953, and that-death occurred at &. alive on . TYP] SIGNATURE 1728 Mass, Ave. N. W. Wash, DC John W. Latimer SE DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION, (State) REMOVAL (SPECIFY) 44 12/30/55 Rockville Parklawn Maryland DATE REC'R BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Bethesda. Md.



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

1. PLACE OF DEATH

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 1DM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOM)

12193 CERTIFICATE OF DEATH

Re	g. Dist	. No.,,	214	<i></i>		
OF D	ECEASE)				
COUNTY RURAL a	No nd give nea	n tre				
(If rurel giv			X			
TE (Mon	th)	(Dey)	{Yeer			
ATH_		1	19 5			
irthdey	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.		
4 ym.	Months /	Deys 16	Hours	Min,		
	12	COUNT	OF WHA	Ť		
nknown						
Records INTERVAL BETWEEN ONSET AND DEATH						
~~	23.7					

COUNTY MONTE MARYLAND	STATE Mare	and COUNTY	Monte			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (Il outside compôt	ete limits, write RURAL en	d give nearest lown)			
X TOWN SilverSpring, Rural	TOWN BOARD	Q		X		
HOSPITAL OR Marilea Home	STREET ADDRESS	(If rurel give	• location)			
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Mont	h) (Dey)	{Yeer}		
(Type or Print) Noom 1	m)	OF DEATH / S	200- 1	19 53		
	Thomas	AGE fest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
RACE WIDOWED, DIVORCED.	OF BIRTH	, AGE less billings	Months Deys	Hours Min,		
Fer ale White (Specify) Single Jul		84 yn.	4 16			
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEI	OF WHAT		
reliced House Keeping Home Work	Maryland		II			
13. FATHER'S NAME	14. MOTHER'S MAIDEN I	IAME Unkno		<u> </u>		
J.N. Thomas	1911 1 m mls and		MIT			
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Ella Thom	DDRESS				
(Yes, no, or unk.) (If Yes, give war or detes of service)						
	Welfare	Board Rec	ords			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION			EVAL BETWEEN		
	Se- 1	?		-3		
4 x3.1 immediate cause (A) to the columnia of						
ANTECEDENT CAUSE(S) DUE TO 2	There ?		1 7	مسد کار		
DISEASES OR CONDITIONS, IF ANY, (B) GIV.NG RISE TO THE ABOVE CAUSE DUE TO						
STATING UNDERLYING CAUSE LAST. DUE TO	- D		:21 0			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
196 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			YES YES	NO H		
216. ACCIDENT WAS UNDER YING ☐ 216. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)		
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a, INJURY OCCURRED White M. Not while et work et work	211. HOW DID INJURY OCCUR	7				
		2-1 1055	45. 4. 1. 5. 4. 4.			
22. I hereby certify that I attended the deceased from 9	١٥١٥		, that I fast sav	the deceased		
alive on	al	auses and on the d	ate stated above	2.		
SIGNATURE	ADDR	ESS (Siree), city, town	i, store) E	ATE SIGNED		
Copey M.D.		Lay D	1 /2	-1-55		
23. SUNTAL, CREMATION, DATE THEREOF NAME OF CEMETERY		LOCATION (City, town	, or county]	(State)		
12-3-55 Boyds C	emetery	Boyds	ht .			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE "	ADDRESS			
DATE 175/55 Frances Follet	Ernest C.	Gartner.	Gaither	sburg . Md		

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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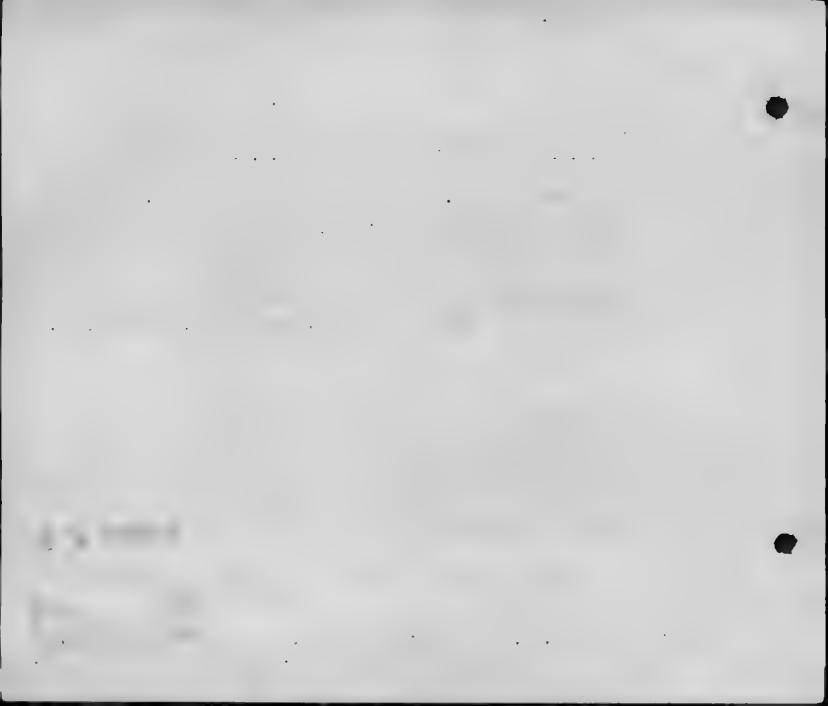
ma

12194 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If dutsida corporata limits, writa RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	Town Bethesda,
MG ZION	
HOSPITAL OR INSTITUTION OR Russells Hursing Home STREET ADDRESS	STREET (If rurel give location) ADDRESS River Road.,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type of Print) William L. Thomas	DEATH Dec. 31 1955
s. sex 6. color or 7. single, Married, 8. date of Widowed D. Vorced, Specify wild owed June	9. AGE last birthday 1 IF UNDER 1 YEAR IF UNDER 24 HI 4. 1864 91 Months Days Hours Min
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	
dons during most of working life, even if OR INDUSTRY retired) LADOTOT	Washington, D. C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Thomas	Sarah Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Rockville, Md.
(Yas, no, or unk.) (If Yes, cive war or dates of service)	Percy Holstein R. F. D.
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Arterio Scler	cosis
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Right Hemiph	ilegia
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED	2lf. HOW DID INJURY OCCUR?
M. While Not while of work	
22. I hereby certify that I attended the deceased from	55., 19, to 12/31/55, 19, that I last saw the decease
alive on 12/31/55, 19 and that death occurred al	
SIGNATURE	ADDRESS (Streat, city, town, stata) DATE SIGNE
TOLL T WO	Sandy Camina Md.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	ORIGON SIDICITIES
Burial 1/6/56 Ash Memoria	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRASS
DATE 1-6-56 Gestrude B Lawley	Kobert L. Sunden-Kockelle





MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No.216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTZIONIERY MARYLAND	STATE Maryland COUNTY Montgo	mery
CITY (If outside corporate limits, write RURAL (in this place) TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Rockville - Route #4	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp	STREET (If rural, give location) ADDRESS 11105 Old Georgetown R	load
3. NAME OF (First) (Middle) DECEASED: (Type or Print) [1] [Person Assist Tell	(Last) 4. DATE (Month) (Day) OF DEATH /2 - 2-9	
E SEV. LE TOTOR OR LE SINCIP MARRIED LE DAT	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YI	
Male RACE White Specify: Single Feb	0.14, 1928 27 yrs. 10 p.	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter Self-employed	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? US.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George F. Tillman, Sr.	Margaret West	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
Yes (service) 577-32-7164	George F. Tillman, SrSame Ite	m #2
18. MEDICAL CERTIFICATION INTERVAL BETWEEN		
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Cerebal he	workings	15 mm
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)	hull	
giving rise to the above cause DUE TO		
stating underlying cause last (c) tente accell	<i></i>	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		<u> </u>
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
4		Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY Of CONTRIBUTING OF OF Street, office bldg., et CAUSE OF BEATH.	y, 21c. (City or town) (County)	(State)
CAUSE OF BEATH. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	1 21f. HOW DID INJURY OCCUR?	1114
OF INJURY /2-2-4-55-/25-A M. While at work at work	111	×
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and		
find that death resulted from: Natural causes [, Accident [] , Suicide [] , Homicide [] , Undetermined cause [] .		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Trunk y / ameritant	M. D. ASSISTANT MEDICAL EXAM.	12-29-55
Burial Cremation Date thereof Name of Cemeter 12/31/55 St. Mary's		ryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ethesda Md.

VS. A15-10-53

PL

12100 CERTIFICATE OF DEATH

RE, 18 12183 Reg. Dist. No. 2/3....

>	A V V		
E 5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: A
carefully legibly.	Mont appropriate	STATE MA COUNTY MA	1/2
leg	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	1 1
	1/OR and give nearest town) / (in this place)	OR C	/\ "I
and	TOWN Pockville 3 um	TOWN ALLEBELSON 1110	/
information clearly and	HOSPITAL OR	STREET (If rural give location)	-
forma	INSTITUTION OR STREET ADDRESS	ADDRESS	5
nfo cle	THE PROPERTY OF THE PROPERTY O		
4 4			Day) (Year)
m of death	(Type or Print) (harles Mussell 1	OF DEATH: DIA. 1	3 1955
item of de	5. SEX 6. COLOR OR 7. SINGLE, MARRIED B. DATE	OF BIRTH: 9. AGE iast birthday IF UNDER 1	
er it	RACE: WIDOWED, DIVORCED.		ays Hours Min.
	Tarried Mayou	21-1885 10 yrs.	
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	even if retired): 12 1 a a L.	Douth Daketu	The Charles
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VC S
ppl; the		01100	
o o	Charles xoseph Viblan	alle Mussell	
- first	18. WAS DECEASED EVER IN U.S. ARMED FORCES? . SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS: 216 - Toa	ela R.C.
	(Yes, no, or unk.) (If Yes/give war or dates of service)	12 00 T' NU 13	
Se E		Must m I water I Locker	Eleiber
G g	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
Ž Ž	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ADING s: ples	HdO.1	12.0	100000000000000000000000000000000000000
F.A.	IMMEDIATE CAUSE (A)	y orcheseon	10 recentles.
TH UNFA	ANTECEDENT CAUSE (S)		
D is	DISEASES OR CONDITIONS, IF ANY, (B)		
H d	GIVING RISE TO THE ABOVE CAUSE DUE TO		
WITH tt. Phy	STATING UNDERLYING CAUSE LAST.		
ıt. ≪	(C)		
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
11 10	DISEASE OR CONDITION CAUSING DEATH.	conl	
Z d	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	· ·	20. AUTOPSY?
A in	202. 1)		YES NO ST
PLAINLY	77201		
TE PI ecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, coffice bldg.,		ty) (State)
T	(IF EITHER, NOTIFY MEDICAL EXAMINER)	INSORT OCCORT	
RIT	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
3	OF INJURY While at work at work	•	
E is			
0 90	22. I hereby certify that I attended the deceased from Sec.	.J, 19 .J, to	saw the deceased
(2) ed	alive on 1510 of and that death occurred at	F M from the source and on the date	stated above
TYP	alive on	ADDRESS DA	TE SIGNED
T	7/200 -	11. 1 7/2 10 TO 7 D' 11	21/12/-
			19.14.15
ASE cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	county) . (State)

DEC TOTAL

FOR BINDING

MARGIN RESERVED

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death

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write

please

Physicians:

important.

especially

MARYLAND STATE DEPARTMEN	T OF HEALTH-BALTIMORE 18	19104
12197 CERTIFICATE		No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Town Silver Spring 15 yrs.	CITY(If outside corporate limits, write RURAL at OR TOWN Silver Spring	tgomery
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9204 Crosby Road	ADDRESS 9204 Crosby Road	
DECEASED: Rose Zullinger	Totton 4. DATE (Month) (DOF DEATH Dec. 2	1.0
Female White Specify) Married 11/9/7	76 yrs. Months D	mys Hours Min.
OR INDUSTRY: even if retired):Housewife OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): 12. (Chambersburg, Pennsylvania	U.S.A.
13. FATHER'S NAME:		
George Zullinger	Amanda Ashway	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Commander J. R. Zullinger 122 Lake Terrace Circle, Norfo	olk, Virginia
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Oradice DUE TO	decompensation	4-5 ms
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hemorrhage	140
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work at work		
	v , 1957, to 27 Ou, 19 50, that I last	
SIGNATURE	DATESS DATES	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION City, town, or	county) (State)

22. I hereby age alive on correct SIGNATU 23. BURIAL, Burial Cedar Grove Cemetery Chambersburg, Pennsylvania /29/55 FUNERAL DIRECTOR 8434 Ga. Ave. SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR G. Tumphrey, Silver Spring, Md.

BUREAU K. E.

PEGE S NA!

12185 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12198 CERTIFICATE OF DEATH Reg. Dist. No. 215

5. SEX: 6. COLOR OR 7. SINGLE MARRIED (Specify): Single Bale of Birth: 9. Age iast birthday if under 1 year 1 year 1 year 1 year 2 year 1 year 2 year		
HOSPITAL OR STREET ADDRESS U. S. NAVAL HOSPITAL ADDRESS ADDRESS OF COLOR OR 7. SINGLE MARRIED. (Mode) (Type or Print) James Harry TRINER S. SEX: 6. COLOR OR 7. SINGLE MARRIED. (B. DATE OF BIRTH: D. Age is birthday 16 utore 17 tan 16 utore 17 utore 1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
HOSPITAL OR STREET ADDRESS U. S. NAVAL HOSPITAL ADDRESS 9614 KENSINGTON PARKWAY STREET ADDRESS U. S. NAVAL HOSPITAL ADDRESS 9614 KENSINGTON PARKWAY S. NAME OF OF (First) (Middle) (Cype of Print) James Harry TRINER OF	Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
HOSPITAL OR STREET ADDRESS U. S. NAVAL HOSPITAL ADDRESS 9614 KENSINGTON PARKWAY STREET ADDRESS U. S. NAVAL HOSPITAL ADDRESS 9614 KENSINGTON PARKWAY S. NAME OF OF (First) (Middle) (Cype of Print) James Harry TRINER OF	CITY III outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR STREET ADDRESS U. S. NAVAL HOSPITAL ADDRESS ADDRESS OF COLOR OR 7. SINGLE MARRIED. (Mode) (Type or Print) James Harry TRINER S. SEX: 6. COLOR OR 7. SINGLE MARRIED. (B. DATE OF BIRTH: D. Age is birthday 16 utore 17 tan 16 utore 17 utore 1	OR and give nearest town) (in this place)	1 OR
DECEASED: (Type or Print) DECEASED: (Type or Print) DECEASED: (Specify): SINGLE. MARRIED. DECEMBER 9. AGE last birthday ir under type of the work done during most of working life. (Specify): SIngle DECEMBER 9. AGE last birthday ir under type of the period of life in the period		
DECEASED: (Type or Print) DECEASED: (Type or Print) DECEASED: (Specify): SINGLE. MARRIED. DECEMBER 9. AGE last birthday ir under type of the work done during most of working life. (Specify): SIngle DECEMBER 9. AGE last birthday ir under type of the period of life in the period	HOSPITAL OR	
DECEASED: (Type or Print) DECEASED: (Type or Print) DECEASED: (Specify): SINGLE. MARRIED. DECEMBER 9. AGE last birthday ir under type of the work done during most of working life. (Specify): SIngle DECEMBER 9. AGE last birthday ir under type of the period of life in the period	STREET ADDRESS IL S. Naval Hospital	
DECEASED: (Type or Print) DECEASED: (Type or Print) DECEASED: (Specify): SINGLE. MARRIED. DECEMBER 9. AGE last birthday ir under type of the work done during most of working life. (Specify): SIngle DECEMBER 9. AGE last birthday ir under type of the period of life in the period	O D HAVAL HOSPICAL	
Male Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Specific December 22 33 yrs Months Days Negro (Specify) Specific December 22 Months Days New (Specify) Specific December 22 Months Days New (Specify) Specific December 22 Months Days New (Negro (Specify) Specific December 22 Months Days New (Negro (Specify) Specific December 22 December 22 New (Negro (Specify) Specific December 22 December 22 New (Negro (Specific December 22 December	S DECEASED: (Midule)	OF
Male Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Hours Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Single 1 December 22 33 yrs Months Days Negro (Specify) Specific December 22 33 yrs Months Days Negro (Specify) Specific December 22 Months Days New (Specify) Specific December 22 Months Days New (Specify) Specific December 22 Months Days New (Negro (Specify) Specific December 22 Months Days New (Negro (Specify) Specific December 22 December 22 New (Negro (Specify) Specific December 22 December 22 New (Negro (Specific December 22 December	(Type or Print) James Harry	
Male Negro (Specify): Single 1: December 22 33 yrs Month M	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
work done during most of working life or industry: work done during most of working life or industry: work done during most of working life or industry: work done during most of working life or industry: and the property of service) will invented the property of service will be property of service	Male Negro (Specify): Single 4 De	ecember 22 33 yrs Months Days Hours Min.
even if retired): Janitor Apartment House Tennessee US 13. FATHER'S NAME: James T. TURNER 13. FATHER'S NAME: James T. TURNER 14. MOTHER'S MAIDEN NAME: Virginia SMITH 15. INFORMANT & ADDRESS: WAS DECEASED EVER IN U.S. ARMED FORCEST (S. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: WAS DECEASED EVER IN U.S. ARMED FORCEST (S. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: WAS DECEASED EVER IN U.S. ARMED FORCEST (S. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: WAS DECEASED OF STATING UNIVERSALIZATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH WAS DECEASED OR CONDITIONS DIRECTLY LEADING TO DEATH WAS DECEASED OR CONDITIONS IF ANY. GIVING RISE TO THE ABOVE CAUSE (S) DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 188. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., etc. 10. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., etc. 10. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., etc. 10. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? 21A. ACCIDENT WAS UN	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME: James T. Turner 14. Mother's Maiden Name: James T. Turner 15. Medical Security No. 16. Medical Certification 1	even if retired): Janitor Apartment House	
James T. Turner Virginia Smith Virg		
(Yes, no, or unk) (If Yes, give war or dates) (A) (Yes, no, or unk) (If Yes, give war or dates) (A) (A) (A) (A) (A) (A) (A) (Virginia SMTTH
Test	O CHES 10 INTERNAL PROPERTY OF BOOKS SECTION NO.	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOR YES NO N 21B. PLACE (Home, farm, factory, or injury occurred last work at work. 22. I hereby certify that I attended the deceased from Dec 19 55 to 9 Dec 1955, that I last saw the deceased part of the causes and on the date stated above. ADDRESS DATE SIGNED ANTECHNICAL EXAMINERY 22. I hereby certify that I attended the deceased from Dec 19 55 to 9 Dec 1955, that I last saw the deceased part of the causes and on the date stated above. ADDRESS DATE SIGNED DATE SIGNED ANTECHNICAL EXAMINERY 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factory, or injury occurred) at work at work at work. 22C. AUTOR YES NO. WHERE DID (City or town) (County) (Stated or injury occurred) at work at work. 22D. Time (Month) (Day) (Year) (Hour) at work at work at work. 22L. I hereby certify that I attended the deceased from Dec 19 55 to 9 Dec 1955, that I last saw the deceased process of the part of the date stated above. ADDRESS DATE SIGNED	(Yes, no. or unit.) (If Yes, give war or dates	Mother Virginia S. TURNER
IMMEDIATE CAUSE IMMEDIATE CAUSE ANTECEDENT CAUSE (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION: 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidge, etc. INJURY OCCUR? OF CONTRIBUTING CAUSE OF DEATH OF INJURY MEDICAL EXAMINED 21D. TIME (Month) (Day) (Year) (Hour) At work ADDRESS DATE SIGNED W. P. ARENTZEN CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland		
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ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., etc. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., etc. INJURY OCCUR? 21B. PLACE (Home, farm, factory, INJURY OCCUR? 21C. WHERE DID (City or town) (County) (Stat of INJURY) OF INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED at work at wor		ONSET AND DEATH
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office hidgs, etc. (If either, notify medical examiner) 21b. Time (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED (Pinjury occurred) 21f. How DID INJURY OCCUR? 22c. I hereby certify that I attended the deceased from 6 Dec 19 55 to 9 Dec 1955, that I last saw the deceased from 5 Dec 1955, and that death occurred at 9:45PM, from the causes and on the date stated above. ADDRESS DATE SIGNED 25d. ACCIDENT WAS UNDERLYING (County) (State of County) (State	DISEASES OR CONDITIONS, IF ANY, (B) Myse	where Francis 15 morth
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or contributing Cause of Death of Injury street, office hide, etc. 10 10 10 10 10 10 10 1	DISEASE OR CONDITION CAUSING DEATH.	N.
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office hidg., etc. INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office hidg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED At work ADDRESS 22. I hereby certify that I attended the deceased from 6 Dec 19 55 to 9 Dec, 1955, that I last saw the deceased from 5 Dec, 1955, and that death occurred at 9:45PM, from the causes and on the date stated above. ADDRESS DATE SIGNED W. P. ARENTZEN CDR MC USN U. S. Naval Hospital, NNMC. Bethesda, Maryland	E TISAL DATE OF OPERATION TISE. MAJOR FINDINGS OF OPERATIO	20. AUTOPS17
22. I hereby certify that I attended the deceased from 6 Dec 19 55 to 9 Dec, 1955, that I last saw the deceased from 5 Dec 19 55, and that death occurred at 9:45PM, from the causes and on the date stated above. ADDRESS DATE SIGNED W. P. ARENTZEN CDR MC USN U. S. Naval Hospital, NNMC. Bethesda, Maryland	A	YES NO
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22. I hereby certify that I attended the deceased from 6 Dec 19 55 to 9 Dec 1955, that I last saw the dec alive on 9 Dec 1955, and that death occurred at 9:45PM, from the causes and on the date stated above. ADDRESS DATE SIGNED W. P. ARENTZEN COR MC USN U. S. Naval Hospital, NNMC. Bethesda, Maryland	or indokt	
alive on Dec 1955, and that death occurred at 9:45PM, from the causes and on the date stated above. ADDRESS DATE SIGNED W. P. ARENTZEN COR MC USN U. S. Naval Hospital, NNMC. Bethesda, Maryland		0 10 554- Q Doo 1055 45-4 11-4
ADDRESS DATE SIGNED W. P. ARENTZEN COR MC USN U. S. Naval Hospital, NNMC. Bethesda, Maryland	CO	
W. P. ARENTZEN COR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 23. BURIAL, CREMATION, DATE THEREOF NAME OF CREMETER OF CREMATORY LOCATION (City, town, or county)	alive on Dec. , 19 55 , and that death occurred at	9:43PM, from the causes and on the date stated above.
W. P. ARENTZEN COR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER OF CREMATORY LOCATION (City, town, or county)	S MSIGNATURY	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER OF CREMATORY LOCATION (City, town, or county)	W. P. ARENTZEN CDR MC USN U. S. Naval Hosp	daal, NNMC. Bethesda, Maryland
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERU OR CREMATORY LOCATION (City, town, or county) (State)
Burial 13 Dec 1955 Arlington National Cemetery Arlington, Virginia	Burial 13 Dec 1955 Arlington N	ational Cemetery Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. WUNERALJARY TO TUNERAL HOME ADDRESS		
REGISTRAN Weshington D.C.	REGISTRAR	1432 U Street, N.W. Washington, D.C.
10 Dec 1955 Pary to Family 1432 0 Street, Now Habitagood, Dec.	10 Dec 1955 Pary to Familie	Table o perceal states

'S 'A M'

J. V.

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Reg. Dist. No. 2 / 2. COUNTY Montgomery (Day) (Year) 9. AGE last birthday in under 1 year in under 14 Hes. Months Days Hours COUNTRY? II.S INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

(State)

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23. BURIAL. CREMATION.

alive on 12

OF INJURY

at work L

55, and that death occurred at5:40p. M, from the causes and on the date stated above.

22. I hereby certify that I attended the deceased from 12/33., 1955 to 12/23, 1955, that I last saw the deceased

DATE SIGNED 1.OCATION

(City town, or county (State)

(County)

REC'D BY LOCAL

MAME OF CEMETRY

Not while

at work

LUCEVO K. Z.

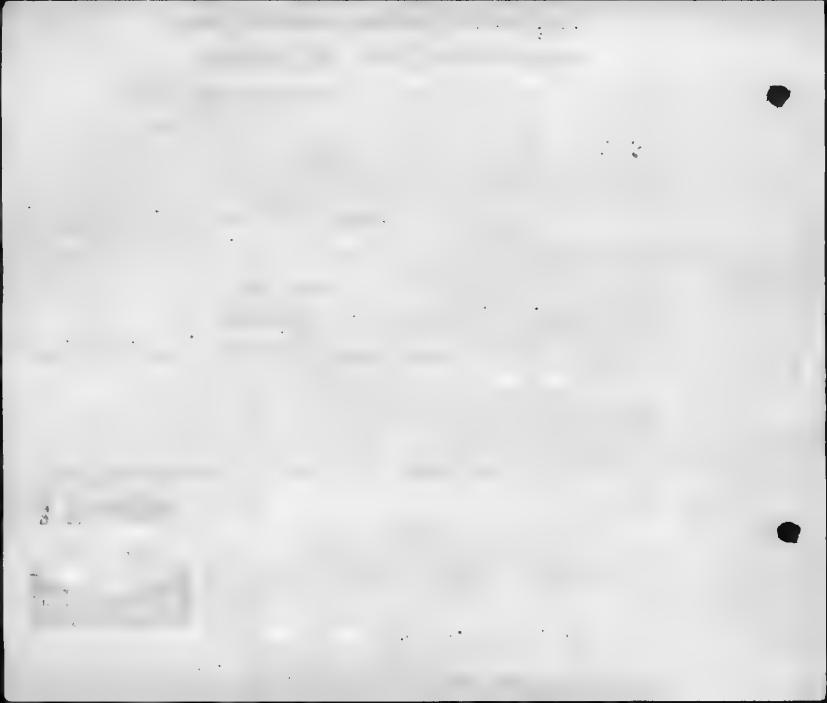
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Cara Cara

NST IUCTIONS

CERTIFICATE OF DEATH 12200

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Montaoniery MARYLAND	STATE NOW YORK COUNTY	
CITY (If outside corporele limits, write RURAL) LENGTH OF STAY	CITY (If outside comporate fimits, write RURAL end give neares	il town)
OR and give neerest town) TOWN [in this piece]	TOWN BLOOKING	
HOSPITAL OR	STREET (If rurel give location)	
INSTITUTION OR STREET ADDRESS 2/16/fres 4 Glan Rd	ADDRESS 1771/ F 1776 CT	
	(Lest) 4. DATE (Month)	Dey) (Yeer)
DECEASED A PA	· L / OF N	maki (seni
(Type or Print) /10 1-715 W	@1175/2117 DEATH [Dec. 7	9 19 55
RACE WIDOWED DIVORCED	OF BIRTH 9. AGE lest birthdey IF UNDER 1	YEAR IF UNDER 24 HRS. Devs Hours I Min.
Male White Wisperity wed	70 уп.	Days Hours Wen.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired)	Russia	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	· · · · · · · · · · · · · · · · · · ·
Notice Manatain	Friada	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of service)	77 / O	411 01
	HH. Greene - 2.106 Fore	SI CICHIA
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATH
Command Command	Opalis -	0112-2
IMMEDIATE CAUSE (A)		
DISEASES OR CONDITIONS, IF ANY, (B)	- Jeniolezen	WAR
GIVING RISE TO THE ABOVE CAUSE		7
STATING UNDERLYING CAUSE LAST. DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
216 ACCIDENT WAS UNDERLYING ☐ 216. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County	(Stata)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s, INJURY OCCURED While Not while	21f. HOW DID INJURY OCCUR?	
M. et work at work		
22. I hereby certify that I attended the deceased from	1953-10/2-27 1055 that I le	ist saw the deceased
alive on 12-27, 19-3-5, and that death occurred a	11/2 PM from the course and on the date stated	ahava
1 SIGNATURE	ADDRESS (Street, city, lown, stete)	DATE SIGNED
Deans Structuran M.D.	915-1904 (x- NW W. Work De	12-30.5
23. BURIAL, CREMATION. DATE THEREOF. NAME OF CEMETERY OF		(State)
PICE - 12 / SPECIFY) 12/21/50 Ric Wantst.	en Com Pouls ala	. 1. NV
MU - 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 25. FUNERAL DIRECTOR'S SIGNATURE AL	ST ST Y
1/1		y is St. N.W.
DATE 1636 E Cancla Ly ortil	War an inner y yelotte was	b. Dic.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12201

CERTIFICATE OF DEATH

Reg. Dist. No. 2

Jy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
death clearly and legibly	COUNTY Montgomery MARYLAND	state Maryland county Montgomery
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
pu	OR and give nearest town) (in this place)	TOWN Silver Spring
₩ >>	HOSPITAL OR	STREET (If rural give location)
earl	STREET ADDRESS 8601 Old Bladensburg Rd.	ADDRESS 8601 Old Bladensburg Road
ि	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
ath	DECEASED: (Type or Print) JOHN F	TEST DEATH: Dec. 23 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE	OF BIRTH: 9. AGE last birthday IT UNDER 1 YEAR IT UNDER 24 HRS.
3 of	Male White Specify: Married 6/5/	7.01
causes	NOA, USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during prost of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
cau	avenit marker markinist Railroad	Washington, D. C. U.S.A.
Je	13. FATHER'S NAME.	14. MOTHER'S MAIDEN NAME:
please write the	Jonathan West	Kate Osborne
Ħ	19. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
£ 0	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Frances West, 8601 Old Bladensburg Rd.
83	18. MEDICAL CERTIFICA	TION SILVER SPRINGAL BETWEEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
**	Brock at	nie parcinoma 7 2 gra.
ans	IMMEDIATE CAUSE (A) DUE TO DESCRIPTION	ung.
ici	ANTECEDENT CAUSE (S)	
Physicians:	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
	STATING UNDERLYING CAUSE LAST.	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
υDo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
		YES NO
11y	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, far	ctory, 21c. WHERE DID (City or town) (County) (State)
ecially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.	etc. INJURY OCCUR?
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	D 21F. HOW DID INJURY OCCUR?
82	M. at work L	
	22. I hereby certify that I attended the deceased from	1950, to lee. 13, 1950, that I last saw the deceased
age		t 2:30 M, from the causes and on the date stated above.
ct	SIGNATURE 1/10	ADDITESS DATE SIGNED
correct	Thomas V. Jally	M.D.40018. Wakelayla 12/73/03
00	Dellovial conservations	TERY OR CREMATORY LOCATION (City, town, or county) (State)
	Burial 12/27/55 Rock Creek	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR /2 - 2 - 5 - Frances Coller	24. FUNERAL DIRECTOR 8434 GADDRESS.

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V.S.

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Reg. Dist. No. 223

Jy.	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED):
causes of death clearly and legibly.	COUNTY May 4 come va MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS S. NAME OF DECEASED: (First) (Middle) DECEASED: (Type or Print) 5. SEX: 6. COLOR OR RACE: (Specify): COLOR OR RACE: (Specify): 0R INDUSTRY: even if retired):	STATE Mary and COUNTY Mem CITY(If outside of porate limits, write RURAL a OR TOWN S. U. Spring STREET ADDRESS Last) 4. DATE (Month) (I OF DEATH: 2- OF BIRTH: 9. AGE iast birthday Months D 11. BIRTHPLACE (State or foreign country): 12.	Drive Day (Year) 26 1955' EAR IT UNDER 24 Mrs. Rys Hours Min. CITIZEN OF WHAT
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	u.s.a.
the	Burrell EWicker	Clifford Vincent.	
ite	IE, WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
write	(Yes. no. or unk.) (If Yes. give war or dates	0 0 1 1 1	
please	Mone of service) These	Pather + Wash. Sany Ho	SA Fecards
63	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	490 X		
83	IMMEDIATE CAUSE (A) ON SUMMON I	a lobar	24hrs
iar	ANTECEDENT CAUSE (S)		
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) CRITICAL DUE TO	pelsy	19 4.5
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
irt	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
odi	19A, DATE OF OPERATION: 1 19B, MAJOR FINDINGS OF OPERATION	d .	
	194. DATE OF OPERATION.	•	YES NO
113	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	cory, 21c. WHERE DID (City or town) (Count	y) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR7	y) (State)
is est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While 1 Work at work at work 1	21F. HOW DID INJURY OCCUR?	
	00 The Fee 126 the Tether Left 1	1040 4 0 - 10 7 4 4 7 1 4	
886	22. I hereby certify that I attended the deceased from June		
	alive on Par 1925, and that death occurred at		stated above.
correct	SIGNATURE	ADDRESS	E SIGNED
E	M. Wym - my	D. 7659 Georgetum 126	Dec 26,1955
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (Cit), town, or	county) (State)
	Trans. 12 Birial 12-30-55 langerine		10 Tos the
	Ca Joseph Colored		ADDRESS.
	PATE REC'D BY LOCAL RESISTRAR'S SIGNATURE RESISTRAR 1955	Warner & Jumpley Silver Spri	a. Ave.
	N SALL LIVE W	A STATE OF THE PARTY OF THE PAR	ALL

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NECELVEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	FU	12202 CERTIFICATE	OF DEATH	Reg. Dist. No. 2/6
18	司台	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
•	ion carefull and legibly.	COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda MARYLAND LENGTH OF STAY (in this place)	STATE Maryland count CITY(If outside corporate limits, write or Town Chevy Chase	
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	ADDRESS 5300 Broad B	ranch Road
	m of inf death cl	DECEASED	LCOX DEATH:	
		Male GOLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, 8. DATE OF WIDOWED, DIVORCED, Feb. 16,	F BIRTH: 9, AGE iast birthday	0-0
SN	causes	work done during most of working life, even iff refired: Self Emp.	1. BIRTHPLACE (State or foreign cou	ntry): 12. CITIZEN OF WHAT COUNTRY? USA
R BRNDING	Supply te the c	Abram Wilcox	Sallie Meade	
	NK.	(Yes, no, or unk.) (If Yes, give war or dates of service)	Dell Floyd-1700 Taylor	St.
D.	G I	18. MEDICAL CERTIFICATIO	Arlington,	INTERVAL BETWEEN
A	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7.0	ONSET AND DEATH
SER	UNFAD sicians:	IMMEDIATE CAUSE (A) Heart	Failure	4 days
MARGIN RESERVED F	WITH UNF	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	relevatio Heart The	sease Mary Hear
MAR	~ ES	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	. 3	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factors of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., et	y, 21c. WHERE DID (City or town) injury occur?	(County) (State)
	700	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	o Se	22. I hereby certify that I attended the deceased from	29, 19 57 to Dec 20, 19 53,	that I last saw the deceased
	TYP	alive on Dec 20, 1955, and that death occurred at //	ADDRESS	the date stated above. DATE SIGNED Let Z-1, 195
077	PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY) Cremation 12-28-55 Cedar Hill C		Maryland (State)
2	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AGGISTBAR Described Company Registrar's Signature Registrar's Signature Registrar's Signature	2/ FUNER DIRECTOR	ADDRESS Bethesda, Md.

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BUILLIU V. S.

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Months Days Hours II BIRTHPLACE (State or foreign country): |12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 5 Mrs 10 20. AWTOPSY: (County) (State) . 1955, to Lie. 17, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from lung. . 1955, and that death occurred at / A.M. from the causes and on the date stated above. alive on Alle- 17 ADDRESS SIGNATURE DATE SIGNED M. D. 5600 N. N. Avs. Wash. N Jageanmuch m 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR LOCATION (Ct), town, or county) (State) REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR

(Day

1 YEAR

(Year)

3 A Min

CERTIFICATE OF DEATH

Por Dist No / 2 3

		OF DESERVED Reg. Dist	. 140. 20 . 90
<u>></u>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
and legibly	COUNTY MONY gomery MARYLAND	STATE Mary land COUNTY Prince	Courses
Je l	CITY If outside corporate limits, write RURAL! LENGTH OF STAY	CITY(If outside oprporate limits, write RURAL	and give nearest town)
ğ İ	OR and give nearest town) (in this place)	TOWN Hyattsuille	1
	HOSPITAL OR		1.1
7	- HANCTITUTION OR	ADDRESS / /	m 1 1
clearly	STREET ADDRESS Washing to San y Hosp	2200 apache	Street
0			Day) (Year)
death	DECEASED: (Type or Print) Lula Rosalie Wi	illiams DEATH: 12 -	18 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE	OF BIRTH: 9. AGE iast birthday IF UNDER 1	TEAR SE UNDER 24 HRE.
OI	Jenale white (Specify): w. Low 3- S	- 78 77 yrs. Months D	Days Hours Min.
es	ICA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
causes	work done during most of working life. OR INDUSTRY:	virginia	COUNTRY?
	even If retired): Lawsew 1 fe	14. MOTHER'S MAIDEN NAME:	4,5.0
the		14. MOTHERS MAIDEN NAME:	
	lled Kodgers	Untinoun	
write	(Yes, no, or unk.) (If Yes) give war or dates	17. INFORMANT & ADDRESS:	
	of service)	Son + 12054 Son + Hoan	Records
please	18. MEDICAL CERTIFICATI		INTERVAL RETWEEN
ple	A DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
м	332X Cereb	then b	1 10 11
ПS	IMMEDIATE CAUSE	-a / 100 m 00 2/5	1 month
cia	ANTECEDENT CAUSE (S)		
ysı	DISEASES OR CONDITIONS, IF ANY, (B)		
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
,	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
ďu	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES NO
113	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor	ory, 21c. WHERE DID (City or town) (Count	ty) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., ((IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
lsə	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
202	M. at work at work		
	22. I hereby certify that I attended the deceased from	, 19)7, to 0 = (819), that I last	saw the deceased
96 80 80			
	alive on		stated above. re signed
rec	1 0 4 7.55 Haile	2 1 P. L 11 May 12	18-5
correct		RY OR CREMATORY LOCATION (City, town, or	
	REMOVAL (SPECIFY)	p -1 11 121 11	1
	Tansice buyear	Comeland Murgary Mus Vy	cratnia
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 2901 14 5 d.	MODRESS
	KEC 17193) , " / ILIAN NOWY	B.N. Huss Co. Washington	N.E.

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of death clearly and legibly.

especially important. Physicians: please write the causes

WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12192

1	12204 CERTIFICATE	OF DEATH	Reg. Dist. No. 2/6
y and legibly.	COUNTY ON TO DEATH COUNTY (If outside copporate limits, write RURAL DENGTH OF STAY OR and give pearest town) Town Hospital OR	TOWN Silver	ME) OF DECEASED: COUNTY AD ATY ON EVY mits, write RURAL and give nearest town) rural give location)
death clearly	STREET ADDRESS Alta Vista Rest Home	ADDRESS 36/6 Jane Last) 4. DA	+ st.
causes of de	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORCED. Specify): 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	OF BIRTH 9. AGE LAST	birthday IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. Weign country): 12. CITIZEN OF WHAT COUNTRY?
write the ca	even if, retired): Koute Agent Antivaring State 13 FATHER'S NAME: 15. WAS DECEASED EVEN IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	14. MOTHER'S MAIDEN NAI Un	known
: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 11 1	INTERVAL BETWEEN ONSET AND DEATH
Physicians	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	ox / Hemo	whase 5wh,
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	estive Heart	ForTure intermitten
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing Cause of Death Of Injury street, office bidg.,	ory. 21c. WHERE DID (City o	20. AUTOPSY? YES NO OF town) (County) (State)
is especially	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. at work at work		CURT
correct age	22. I hereby certify that I attended the deceased from Personal alive on 196 occurred as signature 195 , and that death occurred as signature	M, from the causes ADDRESS D. /// J 4/ (-ears)	and on the date stated above. OATE SIGNED TON (City, town, or county) (State)
0	BURIA 12/30/55 FT. LINCOLA DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		CE GEORGE'S Co. Mp.

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MARYLAND STATE DEPARTMEN	TO OF HEALTH—BALTIMORE, 18 1219;	3.
12205 CERTIFICATI	E OF DEATH Reg. Dist. No. 2/4	þ
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MENLOW MARYLAND	STATE MG. COUNTY MUNICIPALITY	appear.
CITY (If outside corporate limits, write RUBAL, LENGTH OF STAY on and give nearest travn)	OR 1 -	(town)
TOWN Islifiede	TOWN Rellasta	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	
- Children	(Last) 4. DATE (Morth) (Day) (Yes	Like
S. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Mp7th) (Day) (Yes OF DEATH: W/C 27 19	1-5
5 SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8 DATE WIDDWED, DIVERCED. SMITH STATE STA	OF BIRTH. 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 1 YEA	Mln.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired):	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME: Joseph With	14. MOTHER'S MAIDEN NAME:	>7
18, WAS DECEASED EVER IN U.S. ARMED FOREES 10 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
of service)	mother.	
18. MEDICAL GERTIFICA	777 100 170	ETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	DEATH
IMMEDIATE CAUSE (A)	ANOXIA REX H.	CR5,
ANTECEDENT CAUSE (8)	Partitation	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	PREMATURITY	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTO	PSY1

	20.	AU	TOPS	Y7
İ	YES		NO	(B)

(State)

21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCURT

(City or town)

1955, to Alle 37, 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from . M, from the causes and on the date stated above. alive on

218. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

at work

OF

at work

and that death occurred at SIGNATURÉ

ADDRESS

LOCATION (City, town, or county)

(County)

(State)

PE MOY MY Lincoln DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

CREMATION.

Prince George Maryland

CEMETERY OR CREMATORY

FUNERAL DIRECTOR

ADDRESS

ethesda, Md.

DATE SIGNED

A° o

12194 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12208 CERTIFICATE OF DEA	TH	Ar	C.	DI	F	0	THE	FIC	CERT	16	221	Ţ
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Reg. Dist. No. 2/6

	1 PLACE OF DEATH 2 US	SUAL RESIDENCE (HOME) OF DECEASED.				
200	CITY (If outside corporate limits, write RVRAL LENGTH OF STAY OR and give nearest town) (in this place) OR TOWN	TY(If outside corporate limits, write RURAL and give nearest town) WN REET (If rural give location)				
		DORESS 4 827 hours Chase drive				
1	3. NAME OF (First) (Middle) (Last) Control (Type or Print)	Mere 4. DATE (Month) (Day) (Year) OF DEATH: MEC. 27 1955				
10 6	Male white Booking Cicembe	HTH: 1955 9. AGE last birthday Ir UNDER TYPEAN IF UNDER 24 Mas. Months Days Hours Min. 3 C				
Cara	work done during most of working life. even if retired).	RTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?				
ATTA	13 FATHER'S NAME: 14. M	OTHER'S MAIDEN NAME:				
W East	15. WAS DECEASED EVEN IN V.S. ANNED FORCEST 16. SOCIAL SECURITY NO. 17. IN (Ye no or unk,) (If Yes, give var or dates of service)	NFORMANT & ADDRESS:				
The second second						
18. MEDICAL CERTIFICATION IN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
Ċ	11.2.5	10 × 14				
22	IMMEDIATE CAUSE (A)	10 / 1 / 2 Harts				
2	ANTECEDENT CAUSE (8)	MATURITY				
מ		17:17: 0 11:				
4 0	GIVING RISE TO THE ABOVE CAUSE OUE TO STATING UNDERLYING CAUSE LAST.					
\$	(C)					
103	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
3	DISEASE OR CONDITION CAUSING DEATH.					
1	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20, AUT					
-		YES NO W				
eciani	OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., etc. IN.	C WHERE OID (City or town) (County) (State) JURY OCCUR?				
13 63	OF INJURY Clay (Year) (Hour) 21E INJURY OCCURRED 21F. While Not while at work at work	HOW OIO INJURY OCCUR?				
ע	22. I hereby certify that I attended the deceased from file. 26, 19.5.5, to flee 27, 19 5, that I last saw the deceased					
rrect ag	alive on slice 27, 1953, and that death occurred at M, from the causes and on the date stated ab SIGNATURE DATE SIGNED					
Ç	Burial CREMATION, OATE THEREOF NAME OF CEMETERY OR BURIAL (SPECIFY) 12/28/1955 Ft. Lincoln	Prince George Maryland				
	OATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGI	ADORESS Lumphilibethesda, Md.				

's 'A C. "Mi

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9. AGE isst birthday IF UNDER I YEAR IF UNDER 24 HRS. Months Days II. BIRTHPLACE (State or foreign country): |12, CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES TO NO T (County) (State) Dec. 19 27, that I last saw the deceased 10:45A m, from the causes and on the date stated above. WAITE LODR MC USN U. S. Naval Hospitalo NNMC, Bethesda, Maryland LOCATION (City, town, or county) Arlington Virginia

Arlington

(Day)

(Year)

0 TYPE

23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) Burial REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

alive on

REGISTRAR 22 Dec_1955

NAME OF CEMETERY OR CREMATORY Arlington National

, and that death occurred at

24. FUNERAL DIRECTOR FUNERAL HOME ADDRESS 7557 Wisconsin Ave., Bethesda, Md.

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BUREAU V. S.

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WITH UNFADING INK.

OR WRITE PLAINLY,

TYPE

PLEASE

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2, Film CERTIFICATE OF DEATH Reg. Dis

	100/10	The Distriction of the Control of th				
I.	1. PLACE OF DEATH: O U	2. USUAL RESIDENCE (HOME) OF DECEASED:				
and legibly	COUNTY MANY AND	STATE Maryland county Montromery				
	COUNTY MARYLAND CITY (If outside corpo ate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)				
	OR and give nearest town) (in this place)	or TownSilver Spring				
>	HOSPITAL OR	STREET (If rural give location)				
clearly	INSTITUTION OR STREET ADDRESS Maple fane Rest Home	ADDRESS 10205 Proctor St.				
		Last) 4. DATE (Month) (Day) (Year)				
death	DECEASED: (Type or Print) SALLY WOR	THINGTON OF DEATH DE 10 1955				
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRE.				
of	F W (Specify) Willows due	18 1872 83 yrs. Months Days Hours Min.				
causes	IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS)	11. BIRTHPLACE (State of foreign country): 12. CITIZEN OF WHAT				
B	work done during most of working life. OR INDUSTRY:	COUNTRY				
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
the	De .	14. MOTIVALO MAIDEN HAME.				
a lite	Moyon CH sent	man from lest				
write	19. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANTE ADDRESS:				
	of service)	Charles munican				
eame	18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN				
ld	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
1/2	1443) IMMEDIATE CAUSE (A) HYPERTO	ENSIVE HEART DISEASE				
an	ANTECEDENT CAUSE (8) DUE TO					
Physicians	DISEASES OR CONDITIONS, IF ANY, (B) GENERALIZED ARTERIO SCLERISIS					
hy	SIVING RISE TO THE ABOVE CAUSE DUE TO					
	STATING UNDERLYING CAUSE LAST. (C) ESS ENTIA	L HYPERTENSION				
nt.	1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
rta	TO THE DEATH BUT NOT RELATED TO THE	7/				
od	DISEASE OR CONDITION CAUSING DEATH.					
y important.		20. AUTOPSY1				
	NoNE	YES NO C				
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (State)					
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
	OF INJURY M. While at work at work					
100	700702	10.000				
90	22. I hereby certify that I attended the deceased from MAPCH	4.6				
	alive on Dec. 25, and that death occurred at 45 2001, from the causes and on the date stated above.					
rrect	SIGNATURE	ADDRESS DATE SIGNED				
LIC		D. Cheny Chang, and . Dec 20. 1955				
ŭ	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	RY OR CREMATORY LOCATION (City, town, or county) (State)				
	Burnet 12-23-55 Versail	les com. Versolles Kus				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS				
	REGISTRAR 1255 Frances (Toller	Deal Funeral Home				

DECENTED.